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ABSTRACT

This final report discusses the activities and outcomes of Partners Plus: Families and Caregivers in Partnerships, a model demonstration project designed to expand respite care options for families of children (birth to 8 years old) with disabilities. The program uses a natural and family-centered model that involves families in the design, implementation, and evaluation of respite care. The goals of the project were: (1) to develop and implement a model of respite care that is designed, implemented, and evaluated by families; (2) to disseminate information and materials/projects to promote quality respite care and lead to the replication of the model; (3) to coordinate and promote continued support for project activities with state and local agencies/resources responsible for planning, implementing, and monitoring respite, child care, and services to children with special needs and their families; and (4) to field test a model of respite care. The model helps families learn how to find and train their own respite caregivers. Evaluation data from the demonstration and field-test sites provided evidence that the project was successful in implementing activities, increasing caregivers' knowledge and comfort, and increasing families' respite options. Appendices include the Partners Plus curriculum and training materials. (Contains 22 references.) (CR)

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ED 439 578

Partners Plus

Families and Caregivers in Partnerships

Model Demonstration

FINAL REPORT

Early Education Program for
Children with Disabilities
U.S. Department of Education
Grant Number: H024B40032-96

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Families and Caregivers
in Partnerships

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March 30, 2000

Ms. Rose Sayer
Office of Special Education
U.S. Department of Education
400 Maryland Avenue SW
Switzer Building, Room 3317
Washington, DC 20202-2626

RE: Partners Plus Project; Grant #H024B40032-96

Dear Ms. Sayer:

Child Development Resources (CDR) is pleased to submit to the U.S. Department of Education the final report for the Partners Plus model demonstration project (Grant #H024B40032-96). The purpose of the project has been to expand the respite options available to families of young children (ages birth to eight) with disabilities by training families and caregivers, and by replicating a family-centered model of respite care.

The support of the Dept. of Education is appreciated. Please do not hesitate to contact me if I may provide any additional information.

Sincerely,

Corinne W. Garland

Corinne W. Garland
Executive Director

CWG/mvm

Enclosures

cc w/ enclosures:
Ms. Gail Houle, U.S. Dept. of Education, Washington DC 20202
ERIC/OSEP Special Project, ERIC Clearinghouse, Reston VA 22091

cc: Distribution List (attached)

Distribution List, Final Report, Child Development Resources/Partners Plus Grant #H024B40032-96

The original and two copies of the full and final report of the Partners model demonstration project have been sent to:

Ms. Rose Sayer
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U.S. Department of Education
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Switzer Building Room 3317
Washington, DC 20202-2626

A copy of the full and final report has also been sent to:

Ms. Gail Houle
U.S. Department of Education
Switzer Building, Room 4613
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Washington, DC 20202,

and to the ERIC Clearinghouse, along with all products, at the following address:

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ERIC Clearinghouse on Handicapped and Gifted Children
Council for Exceptional Children
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A copy of the title page and abstract have been sent to each of the following:

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I. TITLE PAGE

Partners Plus:
Families and Caregivers in Partnerships

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March 31, 2000

II. PROJECT ABSTRACT

Partners Plus: Families and Caregivers in Partnerships

Partners Plus: Families and Caregivers in Partnerships, was a model demonstration project designed to expand respite care (temporary child care) options for families of children (birth - 8) with disabilities. Partners Plus is a natural and family-centered model that involves families in the design, implementation, and evaluation of respite care.

The goals of this project were:

GOAL 1	To develop and implement a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.
GOAL 2	To disseminate information and materials/products to promote quality respite care and leading to replication of the model.
GOAL 3	To coordinate and promote continued support for project activities with state and local agencies/resources responsible for planning, implementing, and monitoring respite, child care, and services to children with special needs and their families.
GOAL 4	To field test a model of respite care for families and children (birth to 8) with disabilities and special health care needs.

Partners is a model for helping families learn how to find and train their own respite caregivers. The model was designed to teach families how to recruit caregivers, and how to plan and implement training specific to their own children's needs and daily routines. Through Partners training, families and caregivers:

- meet one another;
- learn about caring for children using their daily routines;
- discover the challenges children with special needs experience and;
- develop skills and build successful long-term partnerships with each other.

The Partners model offers training, support, and continuing technical assistance to families, caregivers, and communities. The Partners Project developed four resource manuals to help families and caregivers develop respite relationships and to help communities replicate the model. These project products are available from CDR and can be used to help families and caregivers develop individualized training leading to successful respite relationships and to provide communities with a step-by-step process for replicating the Partners model in their locality.

Evaluation data from the demonstration and field-test sites provide clear evidence that:

- the project was successful in implementing planned activities,
- caregivers' knowledge and comfort increased as a result of training,
- families' respite options increased and the extent to which they were satisfied with the model,
- project materials were useful to families and caregivers, and
- whether or not the model had been continued by the community.

Partners Plus is a project of Child Development Resources (CDR), Inc. in Norge, Virginia, a nationally recognized nonprofit agency providing services for young children and their families and training and technical assistance to the professionals who serve them.

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IV. The goals of Partners Plus were:

GOAL 1 To develop and implement a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.

Objectives:

1.1 Identify families interested in participating in the respite model.
1.2 Identify potential caregivers through targeted recruitment by families and community awareness activities.
1.3 Prepare families for selection and training of caregivers.
1.4 Prepare caregivers for respite provision and specific family training.
1.5 As needed, help families select caregivers .
1.6 Help 30 families (in two counties and two cities) in year 1 to train caregivers using knowledge about their child's needs and caregiving routine.
1.7 Continue support and technical assistance to families to achieve and maintain quality caregiving.
1.8 Help families build community resources and supports.

GOAL 2 To develop and disseminate information and materials/products to promote quality respite care leading to replication of the model.

Objectives:

2.1 Develop project awareness information and materials.
2.2 Disseminate information about the model project to families' potential caregivers, service planners, and the community in which the model is being implemented.
2.3 Disseminate information to state and national audiences.
2.4 Develop a set of three manuals to support the model and to increase replicability of the model in other communities.

GOAL 3 To coordinate and promote continued support for project activities with state and local agencies/resources responsible for planning, implementing, and monitoring respite, child care, and services to children with special needs and their families.

Objectives:

3.1 Establish working relationships with Virginia state agencies for Part C, Education, and organizations responsible for respite care services.

3.2 Identify field-test sites for year 4 and 5 in collaboration with state agencies and respite organizations.

3.3. Establish working relationships with local agencies, individuals, and groups serving children with disabilities and their families.

3.4 Develop an interagency and consumer advisory committee to assist in establishing and continuing the model.

GOAL 4 To field test a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.

Objectives:

4.1 Identify communities interested in replicating the Partners model.

4.2 Support communities in planning for Partners replication.

4.3 Provide communities with training and technical assistance (t/ta) as they replicate the model.

4.4 Evaluate the efficacy of the model and the t/ta provided to communities as part of the replication process.

V. Theoretical Framework for the Project's Approach

For families whose children have disabilities, particularly severe and/or low incidence disabilities, the demands for care can be unrelenting. Children with severe disabilities can have caregiving needs that are both extensive and physically rigorous, and that undoubtedly are stressful (Beckman, 1983; Beckman-Bell, 1981; Benson, 1992). Families accurately anticipate that their caregiving responsibilities will last for years if not for a lifetime and for them there sometimes seems to be "no light at the end of the tunnel" (Garland, 1993). Lack of respite from caregiving is associated both with family stress and with restrictions on a family's life (Bayley, 1973; Quine & Pahl, 1985; Watson & Midlarsky, 1979). One parent of a college student who has severe and multiple disabilities and who has recently moved into an assisted living arrangement told of her own sleeplessness since her daughter's move. When asked if she was worrying about her daughter's adjustment she replied that she was simply unaccustomed, after 21 years, to not having to set the alarm for 2 a.m. in order to turn and reposition her daughter. Even the most caring and family-centered professionals involved with this family never fully understood the extraordinary nature of their caregiving or the ways in which their caregiving needs led to a "life of restriction" (Cohen, 1982).

In the last decade, the field of early intervention and early childhood special education has made an important shift toward family-centered services. Such services are designed to respond not only to the developmental needs of the child, but also to the concerns, priorities, and resources of the family, as perceived by the family. While respite care is the support that families most often request, unfortunately, this support is "not consistently available to families and [this support] ...varies greatly in terms of the services which are provided" (Epilepsy Foundation of America, 1992, p.2). "Without regularly planned time to rest and refresh, most parents begin to wear out. Respite care provides that much needed break - time out to spend with husband or wife, the other children, alone or with friends" (Ferguson, Lindsay, & McNees, 1993, p.9).

Respite care can be considered "any period of temporary relief or rest from parenting responsibilities" (Purdy, 1991, p. 16) and from the "rigorous physical and emotional demands of caring for a family member with a disability" (Botuck & Winsberg, 1991, p. 43). For families of children with disabilities, finding adequate respite or child care is a difficult if not impossible task. Many families of children with disabilities, lacking options for care, have been forced to settle for whatever arrangements they can find, however undesirable (Ott-Worrow & Baldassano, 1991). Lack of adequate care denies families of children with disabilities a service seen as an integral and essential part of the early intervention family support system (Knoll & Bedford, 1989). Not surprisingly, the more severe and complex a child's care needs are, the more pressing these problems are for families. "Caregivers are not easy to find, and often the greater the need for specialized care, the more difficult it is to find qualified and appropriate care"

> *[Partners Plus] is a Godsend . . . it helps families keep their jobs and take better care of themselves. It is needed -- with a capital "N!"*
>
> *-- Partners Family*

(Fullagar et al., 1992, p.2).

Compounding families' difficulty in finding and using care is the fact that respite has been designed by the service delivery system to be significantly different than the care families obtain for their typically developing children. If having a child with a disability has the effect of limiting a family's social interactions, the respite system itself has not had a normalizing effect. "Families want the same arrangements for respite that they have with all child care providers. They want to be in control and have the provider be responsible to them. They prefer someone they know, or failing that, someone who is clearly seen as their employee" (Knoll & Bedford, 1989, p.37).

Limited by inadequate respite, families are also limited in their opportunity to engage in social and recreational activities, to join and participate in educational, civic or religious organizations. An early intervention system that permits such isolation deprives families of children with disabilities of the opportunities that other families have to be part of community life and to develop and extend their support network. To live with such restriction has obvious compounding effects, increasing family stress while limiting the support families have to address both respite and other needs. In summary, families assisting with the development of this model corroborate from their personal experience three important problems that the research literature identifies:

- Respite care, while an essential element in a family support system, is inaccessible or inadequate, particularly for families of children with severe disabilities;

- Families have difficulty finding adequately trained caregivers (Fullagar et al., 1992; Miller, 1992; Neef & Parrish, 1986); and

- Families want and currently lack control of respite care for their children with disabilities.

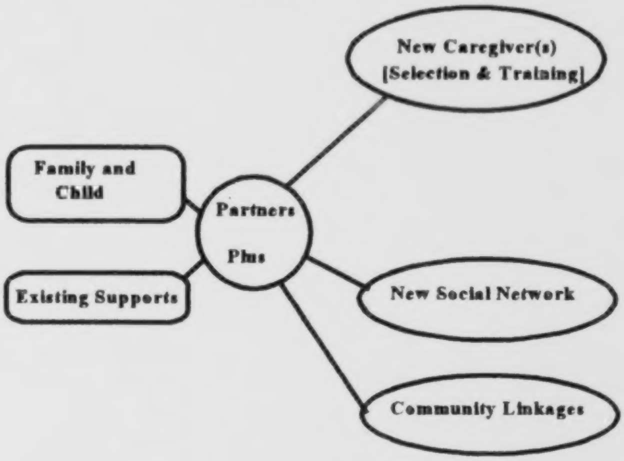
Partners Plus Approach to the Problem

The purpose of the Partners Plus Demonstration Project was to develop, in collaboration with families of children with disabilities, a family-centered respite care system. Partners Plus was specifically designed to meet the needs identified by families and by the research literature: for family access to caregivers who are trained, and for a caregiving system that is controlled by parents.

The Partners model is an elegantly simple one. Partners Plus provides assistance and support to families in identifying and training their own caregivers to meet their respite needs. Caregivers might be the neighborhood sitter who cares for a family's typically developing child, an extended family member, or another parent through an informal exchange or through a "co-op" arrangement. The project supports each family in identifying the unique caregiving needs of their child and the corresponding skills needed by caregivers, and assists each family in developing and implementing a plan to train their caregivers in the skills that the family considers essential. If families are unable to find their own caregivers, the Partners model offers informal and social opportunities during which families can meet potential caregivers and form the relationships that lead to trust and informed choice.

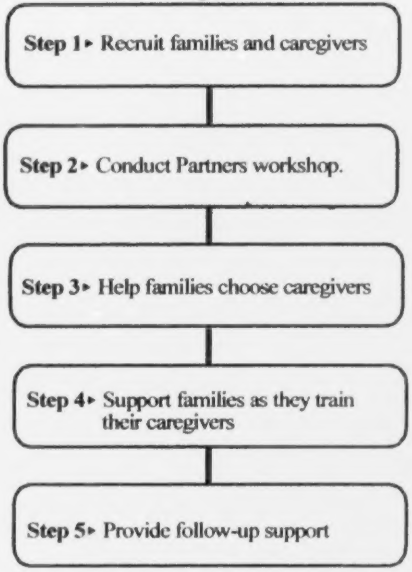
The Partners Plus project responded to the Secretary's priority for demonstration projects to develop, implement, evaluate, and disseminate models that addressed the unique needs of young children with low incidence disabilities (Federal Register, September 16, 1993, Section 75.105(c)(2)(I)). Families of children with severe and/or low incidence disabilities have experienced to the greatest extent the difficulty reported in the literature in obtaining respite and have experienced to the greatest extent the stress and isolation that has resulted from their unrelenting care demand (Benson, 1992; Minnes, 1988).

Figure 1



The Partners Plus model is based on principals of family-centered services (McGonigel, Kaufmann, & Johnson, 1991). While the literature gives ample evidence of the stress that results from caring for a child with a disability (Beckman, 1983; Benson, 1992; Minnes, 1988) research also documents the strengths, coping capacity and resources of families (Dunst, Trivette, & Deal, 1988; McCubbin, 1979; Turnbull et al., 1993). The family-centered Partners Plus model extends and builds upon each family's unique strengths and resources, helping families to use their own informal networks of support to meet their family needs and priorities (see **Figure 1**). When families find and choose their own caregivers, respite is provided within the natural environment, that is, the caregiving environment that families would choose had the child not had a disability.

Figure 2


Step 1 ▸ Recruit families and caregivers
Step 2 ▸ Conduct Partners workshop.
Step 3 ▸ Help families choose caregivers
Step 4 ▸ Support families as they train their caregivers
Step 5 ▸ Provide follow-up support

Partners Plus 5 Step Model

VI. Description of the Partners Plus 5-Step Model

The Partners Plus 5-Step model is based on current research, theory, practice, and discussion with families. The 5 steps are a procedural framework for project operation (**Figure 2**).

STEP 1. Recruit Families and Caregivers.

Families may be referred by early intervention providers, pediatricians, and family physicians, linked with Partners' services by other families, or may seek Partners' services in response to awareness activities - presentations at neighborhood or civic organizations or faith communities, media coverage, etc. Families recruit their own caregivers, e.g., the neighborhood sitter, extended family members, or another parent interested in an informal exchange, to participate in Partners. Other community caregivers are recruited through awareness activities so that families without informal resources have a group from among whom they can choose. Awareness activities are planned to reach every neighborhood, including those typically underserved. **Training is planned to be fully accessible**, not only to persons with disabilities, but to persons who are members of groups that have traditionally been under-represented. Partners will schedule training at convenient times and at fully

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accessible locations, offer child care, and make necessary accommodations such as providing materials in alternative formats such as CD and providing interpreter and translator services.

STEP 2. Conduct Partners Workshop.

Training for families and caregivers begins with a six-hour workshop. Objectives, curriculum content, workshop flowchart, and sample agendas are in Appendix A. Core content for caregivers is designed to **increase caregivers' knowledge and comfort with caring for children with disabilities, about special health care needs, basic health and safety, and about the model and its procedures.** Core content for families is **designed to assist each family to acquire skills in planning and carrying out routine-based training and in identifying the unique caregiving needs of their child and the corresponding skills needed by caregivers.** Families set criteria for employment and develop skills in interviewing and supervision. Training materials in the ***Family Manual*** (see samples, Appendix B) help families to develop a detailed record of child activities or care needs during times when respite is needed; skills and information needed by the caregiver for each activity; and the family's preferred mode for sharing information and teaching skills, e.g., written instructions, print materials, video or audiotape, oral instruction; and demonstration, practice and feedback. The manual includes resources that families can use in routine-based training.

STEP 3. Help Families Choose Caregivers.

Families who have not already identified their own caregivers can use new skills and information to ask for caregiver resumes, to conduct interviews and reference checks, to select caregivers, and to negotiate fees and other employment conditions.

STEP 4. Support Families as They Train Their Caregivers.

Using their routine-based training skills acquired during the workshop, families plan and implement individualized caregiver training at their own pace and typically in their own homes. Families experiment with instructional modes including writing caregiving instructions, sharing published information, and videotaping the care routine or modeling, coaching and providing feedback to caregivers as they practices new skills. Principles of adult learning shared during the workshop help families find teaching strategies with which they are most comfortable and identify caregivers' preferred learning styles. Trainers, available by telephone, support each family in developing and implementing their training plan, and respond to caregivers' requests, typically for disability-specific information.

STEP 5. Provide Follow-Up Support.

Families request any help they need to complete their training plans from project trainers or from someone in the family's network of informal or formal support such as a friend or early intervention service coordinator. In fact, evaluation data indicate that families need little assistance and that they find the help they do need from their informal networks or from other professionals such as their Part C service coordinators.

The Partners replication process was developed prior to field-testing the model in communities across the Commonwealth of Virginia. Four steps were identified as part of the "*Partners Community Implementation Process*" (see **Figure 3**). Those steps include first **identifying** the field-test site or community. The second step is to **plan for replication.** This step involves the local planning group (LPG) working together to plan for replication. The third step is the actual **implementation** of the Partners model. (Within this step are the 5 model steps.) The last step is to **evaluate** both the implementation of the model within a particular community and the t/ta provided by project staff to support communities replicating the Partners model replication.

Figure 3

Partners Community Implementation Process

Identify Community Site

⇩

Plan for Replication of the Partners Model

- Create Community Support
- Determine Program Advisors
- Determine Administrative Structure
- Secure Financial Resources

⇩

Replication of the Partners Model of Respite Training

- Recruit Families and Caregivers
- Conduct Initial Group Training
- Help Families Choose Caregivers
- Support Families As They Train Their Own Caregivers
- Provide Continuing Support

⇩

Evaluate Partners Model Replication

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VII. Model Participants:

The Partners project provided training and support to **180 caregivers** and **136 families** during the model demonstration and continuation period within the catchment area of Williamsburg, James City County, York County and Poquoson, all in Southeastern Virginia. The Partners model was also field tested in five Virginia communities that varied in geography and demographics (see **Table 1** for totals).

Middle Peninsula/Northern Neck:

Virginia's Middle Peninsula and Northern Neck are highly rural areas of ten counties with a combined population of 117,000. One hundred and fifteen children in the area receive Part C services, and 350 are enrolled in early childhood special education services. The number of adolescent pregnancies far exceeds the state average. Seventy-three percent of the population is white, 26% African-American, and there is a small Native American population. A growing population of migrant workers makes language and cultural competence particularly important in recruiting and training of some caregivers. Fourteen percent of the population are at or below 100% of poverty, 30% are below 200% of poverty. This is an agricultural area of farming and fishing, and little industry other than logging, resulting in seasonal employment.

This community began field-testing the Partners model in December of 1997. As of 8/1/99 they trained *25 families, 51 caregivers and 3 trainers.*

Norfolk:

Norfolk is an urban seaport with a population of 261,000. It is dominated by the U.S. Navy and by the declining industries related to the military including shipbuilding and ship repair. Other industries include equipment manufacture, food processing, and tourism `related to Norfolk's proximity to the ocean and bay. One hundred and sixteen children receive Part C services in Norfolk and 471 are enrolled in early childhood special education services. The population is 57% white, 39% black, and 4% other. The number of adolescent pregnancies is 65 per thousand, over twice the state average of 24 per thousand. Nineteen percent of the population is at or below 100% of poverty.

This community began field-testing the Partners model in February of 1998. As of 8/1/99 they trained *9 families, 9 caregivers, and 3 trainers.*

Western Tidewater:

Western Tidewater is a largely rural area that includes the cities of Suffolk and Franklin and the County of Isle of Wight. The population is 106,000. The economy of the area is dominated by agriculture and agriculture-related industry. Seventy-five children are receiving Part C services and 149 children are enrolled in early childhood special education services. Forty-four percent of area population is non-white, including a large African-American population. The number of adolescent pregnancies is 37 per thousand, far exceeding the state average. Almost 17% of the people living in this area are at or below 100% of poverty .

This community began field-testing the Partners model in April of 1998. As of 8/1/99 they have trained *12 families, 17 caregivers, and 4 trainers.*

Charlottesville:

The City of Charlottesville and the surrounding counties of Albemarle, Fluvanna, Greene, Louise, and Nelson have a total population of 186,500. Charlottesville houses a large state university with a booming tourist economy that spills into the surrounding counties. Trade and manufacturing are also important industries. Eighty-four children receive Part C services, and 389 are enrolled in early childhood special education. There were 432 teen pregnancies last year. Eighty-two percent of the population is white, 16% African-American. Seventy-three percent of the population are at or below 100% of poverty.

This community began field-testing the Partners model in April of 1999. As of 8/1/99 they trained *3 families, 6 caregivers, and 2 trainers.*

Rappahannock area:

The Rappahannock area, composed of the City of Fredericksburg and Caroline, King George, Spotsylvania, and Stafford Counties, is one of the fastest growing regions in Virginia. The population is 210,317. Tourism and agriculture are two of the region's largest industries. One hundred and seventy-two children receive early intervention services and 492 receive early childhood special education services. Eighty-five percent of the population is white, and 13% is African American. Fifty-seven percent of the population are at or below 100% of poverty. In 1996, there were 506 teen pregnancies in the area.

This community began field-testing the Partners model in January of 1999. As of 8/1/99 they trained *8 families, 6 caregivers, and 4 trainers.*

MODEL PARTICIPANTS -- TABLE 1

Site	LPG Members	# of Caregivers Trained	# of Families Trained	# of Trainers Trained	Totals per site
Rappahannock	•Association for Retarded Citizens of Rappahannock • Rappahannock Area Community Services Board • Rappahannock Interagency Coordinating Council • Spotsylvania Parent Resource Center • Caroline Parent Resource Center • Disability Resource Center • Families and Caregivers	6	8	4	18
Western Tidewater	• The Children's Center • Western Tidewater Interagency Coordinating Council • Families and Caregivers	17	12	4	33
Middle Peninsula /Northern Neck	• Virginia Cooperative Extension • Rural Infant Services Program • Middle Peninsula/Northern Neck Community Services Board • Gloucester Parent Resource Center • Families and Caregivers	51	25	3	79
Charlottesville	• Epilepsy Association of Virginia • Institute for Family-Centered Services • Virginia Institute of Autism • Children Family Services • The Arc of Piedmont • Region Ten CSB • Families and Caregivers	6	3	2	11
Norfolk	• Norfolk Early Intervention System • Norfolk Interagency Committee for Early Response • Norfolk Community Services Board • Norfolk Infant Program • Social Services • Parent Resource Center • Families and Caregivers	9	9	3	21
Demonstration and Continuation sites: Williamsburg, James City and York Counties, Poquoson, Hampton, Newport News, Virginia Beach, Chesapeake	• Colonial Community Services Board • Arc of Williamsburg • W-JCC Public Schools • Social Services • CHIP program • Autism Society • Faith organizations • Families and Caregivers	180	136	5	321
TOTALS PER CATEGORY		269	193	21	483
GRAND TOTAL					**966**

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VIII. Problems Encountered

No significant methodological and/or logistical issues were encountered. However, during model demonstration minor adaptations were made based on feedback from families and caregivers. These adaptations streamlined the model and made it easier to replicate. ***First***, we found that caregiver and family training should occur simultaneously, rather than in separate sessions. Families and caregivers both benefited from mutual sharing of information, experiences, and reservations. Frequently, information shared by families and caregivers during the Partners workshop supported training objectives, providing actual experiences and perspectives. Families and caregivers both commented in training evaluations on the usefulness of shared perspectives during training. ***Second***, we found that families needed significantly less in-home technical support from project staff than originally projected. Typically families requested additional information and/or resources that could be provided through telephone support and the loaning of resources. ***Third***, caregivers requested more technical support than anticipated. Their needs were typically met by providing additional written resources, and by telephone conversations for brainstorming and problem solving. ***Fourth,*** strategies to ensure a higher turnout at Partners workshops were built into replication plans with field-test sites. ***Fifth,*** project staff developed a fourth manual -- the **Trainer's Workshop Manual**. The project originally planned to develop three manuals for families, caregivers, and communities. Using feedback from the project's advisory committee, the project designed the **Community Planning Manual** to support planners in the implementation of the model and the **Trainer's Workshop Manual** to enable trainers to conduct the 6-hour Partners workshop for families and caregivers.

IX. Evaluation Findings

> *My positive experience [providing respite] influences my feeling of comfort.*
>
> *-- Partners Caregiver*

The Partners evaluation plan was developed by CDR in collaboration with John Nezlek, Ph.D., Evaluation Consultant, for the purposes of measuring the number, quality, and effectiveness of the project strategies and for measuring the results of the work. The plan was designed to yield data to help staff determine the extent to which project activities were completed as planned, the quality of the results achieved, and the extent to which materials and services were perceived as useful by recipients. The project management plan ensured that project staff used those data along with informal feedback from families, caregivers, and LPG members to make any necessary adaptations in methods and materials to improve the quality of services. Measurement methods and instruments are discussed below. Sample copies of all project evaluation measures are in **Appendix C**. The project asked evaluation questions in six important areas:

1) ***the extent to which the project was successful in implementing its planned activities***;
2) ***the extent to which caregivers' knowledge and comfort increased as a result of training;***
3) ***the extent to which families' respite options increased and to which they were satisfied with the model;***
4) ***the extent to which project materials were useful***;
5) ***whether or not the model has been continued by the community; and***
6) ***the extent to which the project is successful in replicating the model in field-test sites across Virginia.***

Questions and data sources are shown in **Figure 4**.

Description of Project Activities

In the first two years of Partners demonstration, the model was developed and project staff conducted training with families and caregivers in a two city/two county area in southeastern Virginia. In year three, the project expanded its training to areas contiguous to the original catchment area. In years four and five, the project continued the model in the original demonstration area while simultaneously field-testing with sites across the Commonwealth of Virginia. Field-test sites were selected to represent diversity in geography, population, and economics (see model participants, section VII).

To determine whether or not the project's replication methodology was effective, results achieved by field-test trainers were compared with those achieved by project staff. Project staff and field-test trainers regularly reviewed results of the family and caregiver evaluations and compared them with results achieved by the model and with aggregate data for all field-test sites. Data comparisons were used to identify any problems in training, to adapt strategies as needed, and to identify any additional t/ta that may have been needed.

The Extent to Which the Project was Successful in Implementing its Planned Activities

Project staff developed data management and logging systems for compiling evidence and quantitative information about the extent of model, continuation, and field-test activities including: numbers of families, caregivers, and trainers trained; numbers of field-test sites; agencies and personnel participating as advisory and LPG members and the extent of their participation, numbers of workshops held by project staff and by field-test site trainers. **Table 1** outlines model, continuation, and field-test demographic information.

As part of Partners implementation during the model demonstration, continuation, and field-test periods, project staff brought together agencies, families, caregivers, civic and faith communities to advise and plan the implementation and establishment of Partners in a particular community. Each community had minimum representation from the LEA, ICC, and/or Part C agency, and family members. Other agencies or organizations that advised or participated on field-test site LPGs were:

- mental health/mental retardation agencies
- local Arcs
- disability resource centers
- departments of social services
- cooperative extensions
- child care centers
- wellness and fitness centers
- community colleges
- religious organizations

Advisory committees and LPGs had representation that ranged in membership from two organizations/agencies to 10.

During the periods of model demonstration and continuation, files were maintained for each workshop conducted and for each family and caregiver trained. A project database included the date of workshop completion for families, the age of their child, their child's disability, their experience with respite prior to participating in the project, and their interest in being included on a family directory to be shared with other Partners families to encourage support, networking, and co-oping. The database also included background and reference checks on caregivers, their resume, their interest in being included on a caregiver directory, and their date of Partners workshop completion.

Field-test site files maintained in year four and five contained site agreements, LPG member names and affiliations, t/ta requests, and communication logs between project staff. Some of the most frequent requests for t/ta were in identifying marketing strategies to promote the availability of the Partners respite model in their community and presenting curriculum content during Partners training workshops.

Figure 4 summarizes the evaluation questions and indicates the measure or data source for each. A discussion of efficacy follows.

FIGURE 4
EVALUATION PLAN

EVALUATION AREA	KEY EVALUATION QUESTIONS	MEASURES OR DATA SOURCE
The extent to which the project is successful in implementing planned activities.	How many families requested and participated in the model training? How many caregivers were identified and participated in training? How many state and local community agencies or personnel participated in project activities?	- number of families - number of caregivers - requests for information and training - numbers of personnel participating in the community advisory committee
The extent to which caregivers' knowledge and comfort increased as a result of training.	Did the training increase caregivers' level of comfort and knowledge in caring for children with special needs? Did caregivers perceive the training as useful and appropriate for their needs?	- "Caregiver Knowledge Measure" - "Caregiver Comfort Measure" - "What Did You Think About the Training?"
The extent to which families' respite options increased and to which they were satisfied with the model.	Did families feel prepared for and satisfied with their training of caregivers? To what extent does the Partners Plus model expand families' respite options?	- semi-structured phone interviews - "Initial Family Survey" - semi-structured phone interviews - "What Did You Think About the Training?" -"Followup Family Survey"
The extent to which project materials are useful to parents and caregivers.	Were the manuals useful in conducting the family and caregiver training?	- "Family Manual Evaluation" - "Caregiver Manual Evaluation"
Whether or not the model has been continued by the community.	Will the community support continuation?	- program has a "home" - funding and services identified for 97-98
The extent to which the project is successful in replicating the model in field-test sites across Virginia	Was the model successfully replicated?	- evaluation of community implementation process

The Extent to Which Caregivers' Knowledge and Comfort Increased as a Result of Training

Two instruments were used to provide quantitative measures of the extent to which the project was effective in increasing the knowledge and comfort of caregivers in caring for children with disabilities.

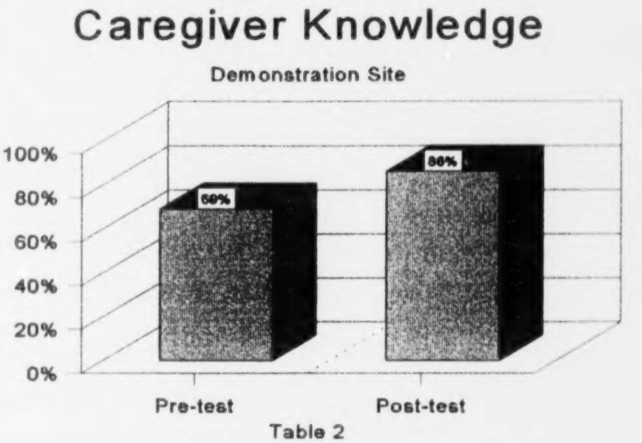


Table 2

The knowledge measure ***"Caregiver Knowledge Measure"*** was a multiple choice measure that was administered pre- and post-training to caregivers to ensure changes in knowledge as a result of Partners training. Sample items addressed health and safety issues, strategies for working with children with disabilities, understanding of principles of family-centered care, and understanding of the community system of services.

During the model demonstration period caregivers made significant gains pre- and post-training, moving from pre-test means of 69% correct to post-test means of 86% correct [F(1,111)=116.6,p<.01]. Results are displayed in **Table 2**.

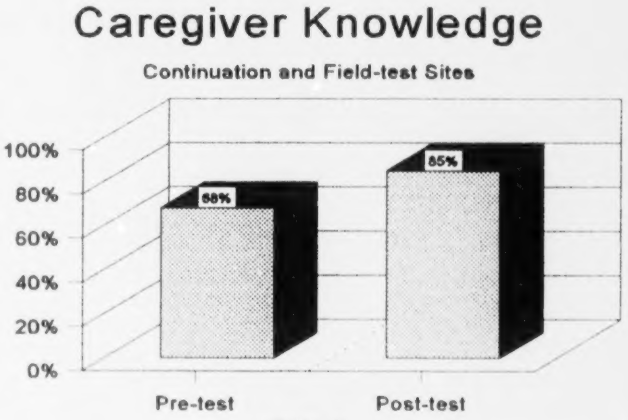


Table 3

During the continuation and field-test periods, caregivers' knowledge about caring for children with special needs also increased, moving from an average of 68% correct to an average of 85% correct [F(1,167)=30.2,p<.05]. Results are displayed in **Table 3**. These results clearly demonstrate that the Partners model increases caregiver knowledge about caring for children with disabilities.

Because caregiver comfort has been identified in the literature as a major barrier to obtaining respite care, Partners measured the level of caregiver comfort pre- and post-training using a seven-question instrument with a 1-5 Likert scale ***"Caregiver Comfort Measure."*** This measure addressed comfort in caring for and planning activities for a child with a disability, in identifying resources, and in talking with families.

During model demonstration, caregiver comfort results showed statistically significant gains on all but one item between pre- and post-testing. On the all-important question which asked "How comfortable are you providing care for a child with special needs?" pre-test means were 3.7, post-test means 4.2 [F(1,90)=25.4,p<.01]. Results are displayed in **Table 4**. One item that did not reach a level of statistical significance concerned feeding a child with a disability.

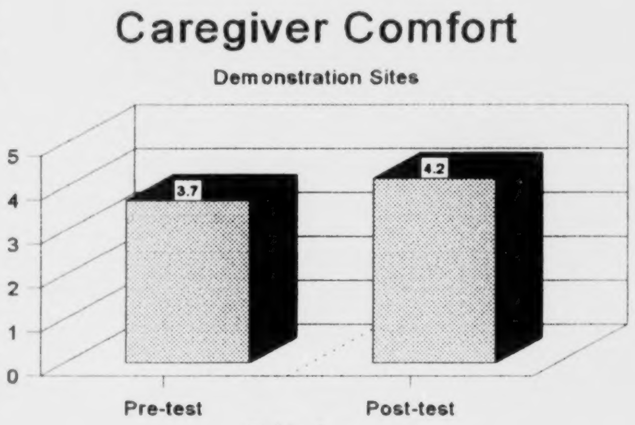


Table 4

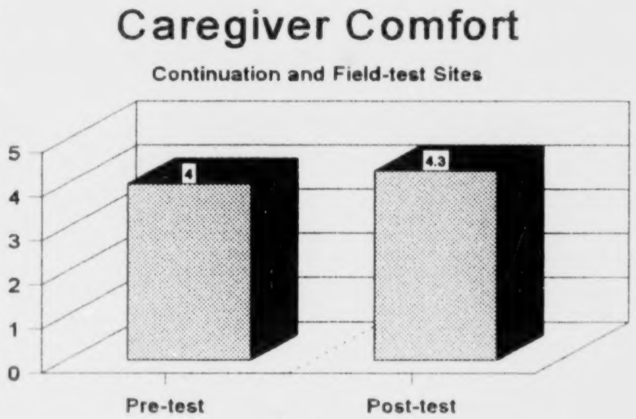


Table 5

During the continuation and field-test periods, caregivers' comfort results also showed significant gains. On the all-important question which asked "How comfortable are you providing care for a child with special needs?" pre-test means were 4.0 , post-test means 4.3, p-level .05 F(1,162) = 4.2 p < .05. Project staff believed that an interesting question for evaluation was whether comfort was reached on the item related to feeding after further individual training by families. This was explored during field test and continuation by completing regularly scheduled follow-up surveys with caregivers post-training. Surveys were conducted approximately six months apart using a semi-structured protocol. This item approached, but still did not reach conventional levels of significance during the field-test period. Results are displayed in **Table 5**.

The Extent to Which Families' Respite Options Increased and to Which They Were Satisfied With the Model.

The project obtained qualitative measures of the extent to which the model was effective in increasing family options for respite. To develop a comparison base, families were surveyed about respite needs and experiences before Partners training using the ***"Initial Family Survey."*** Using a 1-5 Likert scale, respondents were asked to indicate how often they wanted or needed respite but could not arrange it. Families were asked to rate their confidence in their ability to find and train respite caregivers, and the extent of their comfort with any respite they had received prior to training.

Family responses to the ***Initial Family Survey*** during the model period clearly indicated their need for respite care. Families also reported that it was difficult to arrange such care. The average perceived difficulty using a 1-5 Likert scale in which 3 was labeled "difficult," was 3.0. On average, families indicated that they were not confident in their ability to find and train respite caregivers. When asked about their confidence, using a 1-5 Likert scale (five being high), the average response was 2.8. Again using a 1-5 Likert scale, families' average rating of their comfort with the respite received was 3.1. Results are displayed in **Table 6**.

Family responses to the ***Initial Family Survey*** during the continuation and field-test

Table 6

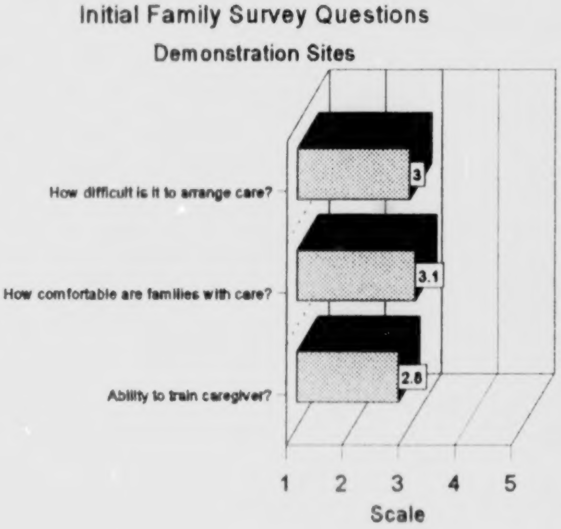
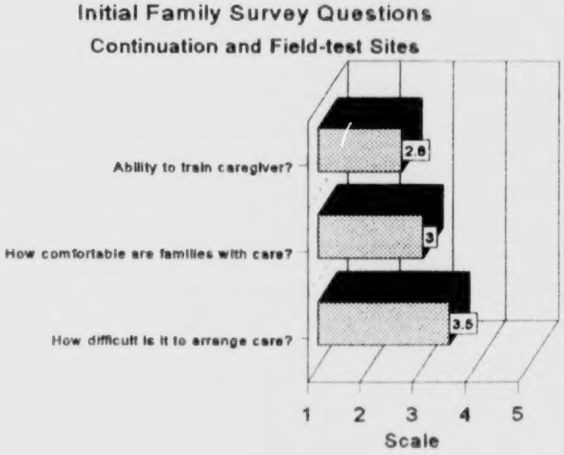


Table 7



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period also clearly indicated a need for respite care. Families reported that it was difficult to arrange such care. The averaged perceived difficultly using a 1-5 Likert scale in which 3 was labeled "difficult", 3.5 was the response. On average, families indicated that they were not confident in their ability to find and train respite caregivers. When asked about their confidence, using a 1-5 Likert scale (five being high), the average response was 2.6. Again using a 1-5 Likert scale, families' average rating of their comfort with the respite received was 3.0. Results are displayed in **Table 7.**

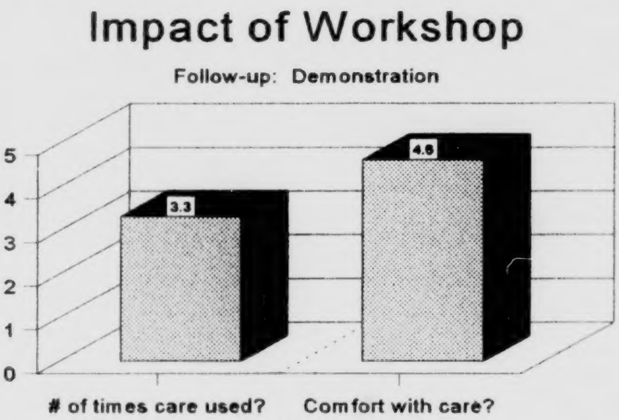


Table 8

To assess the impact of the Partners workshop, families who attended a training during the model demonstration period were surveyed randomly by telephone using a semi-structured interview protocol, on average, four months following training. Participants reported that they were well prepared by the project to train respite caregivers. The mean number of times families reported using respite care was 3.3 times per month with the median number being 3 times. Close to two-thirds of the time (64%) families reported no problems at all in contacting their caregivers. Finally, and most importantly, families reported that they were very comfortable with the respite provided. The average scores for the comfort on a 1-5 Likert scale (5 being high) was 4.6. Results are displayed in **Table 8.**

Following Partners field-test site and continuation training, families were surveyed at regularly scheduled three-month intervals to capture the extent to which their respite options had increased as a result of Partners training. A semi-structured interview protocol was used. Families were asked the extent to which they felt prepared by the project to train respite care providers, how frequently they had used respite, the extent to which they had experienced problems in using respite, and most importantly, how comfortable they were with respite care when provided.

On average, 11.9 months following training, participants reported that they were well prepared by the project to train respite caregivers. The mean number of times families reported using respite care was 2.5 times per month with a median of 2 times per month. Over half the families (56%), reported no problems in contacting their caregivers. Finally, and most important, families reported that they were very comfortable with the respite care they received. Average comfort was 4.2 on a 1-5 Likert scale (5 being high). Results are displayed in **Table 9**.

The results clearly indicate that families participating in Partners workshops during demonstration, continuation and field-test periods: had little trouble finding a caregiver, used the caregiver frequently, and were very comfortable with the respite care provided.

Families were asked to describe their satisfaction with the trainings using narrative questions following the workshop. For example, one family said, "the workshop was very informative," and others said "the workshop provided much insight," "it's great being with a group of people who understand." During the periods of continuation and field-test using a 1-5 Likert scale, families were surveyed using the ***"Follow-up Family Survey."*** Families were asked to describe how helpful Partners training was in helping them find a respite caregiver. The average score, with 3 being some help and 5 being a lot of help, was 3.5. On a five point scale, with five being high, families rated the Partners workshop a 4.3 in increasing their ability to train caregivers. Results are displayed in **Table 10**.

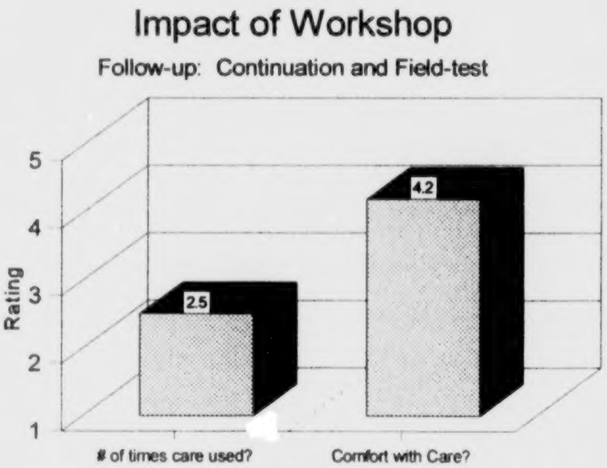


Table 9

The Extent to which Project Materials are Useful to Families and Caregivers

The project developed four manuals including a ***Caregiver Manual***, a ***Family Manual***, a ***Trainer's Workshop Manual***, and a ***Community Planning Manual***. Using a Likert rating scale with eight items addressing the quality, clarity, and usefulness of these manuals the mean ratings across the eight items for caregivers and families participating in Partners workshop training during the model demonstration period was 4.7. During the field-test and continuation period, the mean rating across the eight items was also 4.7. During the field-test and continuation period families and caregivers were asked again to rate the usefulness of the manuals using the Follow-up Family and Follow-up Caregiver Survey. The mean rating across the eight items was 4.2. Results are displayed in **Table 11**.

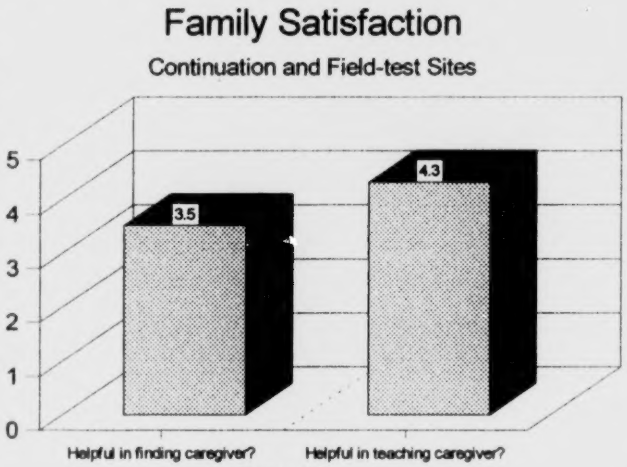
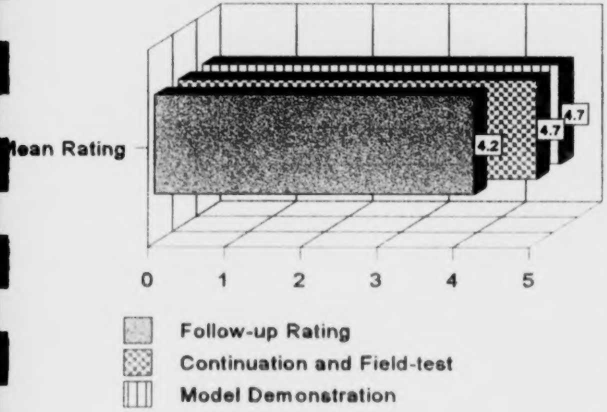


Table 10

Quality, Clarity, Usefulness of Manuals

Table 11



This evaluation data indicates that Partners materials provided support to families and caregivers, are perceived to be of high quality, are helpful to families choosing and training a caregiver, and are helpful to caregivers learning about caring for a child with a disability.

Local planning group members were also asked to rate their satisfaction with Partners materials using the ***"Evaluation of Community Implementation Process,"*** using a 1-5 Likert rating scale. LPGs consistently rated the usefulness and completeness high with a mean score of 4.5 with 5 being high.

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Whether or not the Model was Continued by the Community

The model was developed and continued in a two-city/two-county area in southeastern Virginia with support from a local advisory board, which has representation from the local:

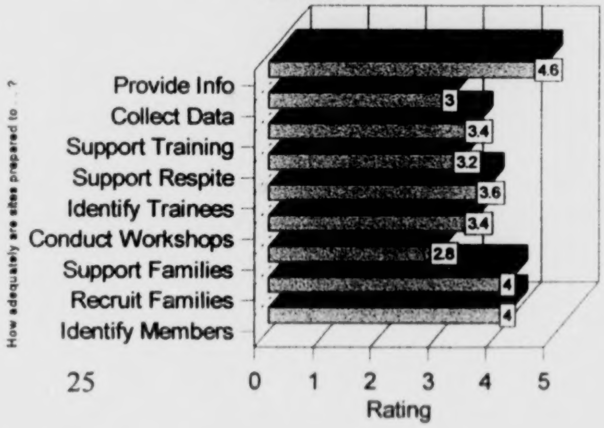
- mental health/mental retardation agencies,
- school system,
- families,
- caregivers,
- disability advocacy and support groups, and
- the faith community.

The Commonwealth of Virginia's General Assembly allocates respite monies annually that are managed by the local Williamsburg mental health/mental retardation agency. A portion of these monies is used to cover the costs of one trainer to conduct 3 to 4 Partners workshops for families and caregivers annually. CDR covers the cost of the second trainer. These respite monies also pay for group child care for children whose parents attend Partners workshops, and cover the cost for caregivers to provide respite for families.

The extent to which the Project is Successful in Replicating the Model in Field-Tests Sites Across Virginia

Field-Test Site Preparation

Table 12



Field-test sites completed the ***"Evaluation of Community Implementation Process"*** in order to provide feedback on the t/ta provided to communities in the implementation of the Partners model. Using a 1-5 Likert scale, field-test sites reported on how adequately they were prepared to identify LPG members, recruit families

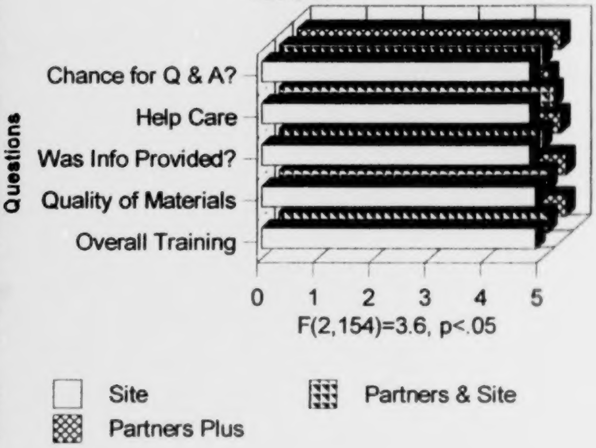
25

and caregivers, provide support to families, conduct workshops, etc. Results are displayed in **Table 12**.

A ***strength*** of the Partners model identified by field-test sites was that through the LPG process, sites where better able to evaluate the respite and family support needs of their communities. A ***barrier*** of the model identified by field-test communities was the lack of enough flexible funding that would enable communities to support families and caregivers in respite.

What Did You Think of Training?

Table 13



By asking Partners workshop participants to complete the ***"What Did You Think of Training Survey,"*** the project was able to compare the results of field-test site trainers with those of Partners project staff to ensure the integrity of the model. Results indicate that field-test site trainers obtained similar results to those of Partners project staff. Results are displayed in **Table 13**.

X. Impact

<table>
<tr><th colspan="2">GOAL 1: To develop and implement a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.</th></tr>
<tr><th>OBJECTIVES</th><th>ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS</th></tr>
<tr><td>1.1 Identify families interested in participating in respite model</td><td>• Project brochures and flyers including training dates have continued to be distributed to families through:
- area public school special education classes
- parent support groups
- parent resource center coordinators
- early intervention providers
- newspaper and newsletter ads
- libraries
- disability advocacy groups
- community therapeutic parks and recreation services
- church bulletins
- military family advocacy and exceptional family member services
• Project staff provided information to CDR early intervention program staff to distribute to new families.
• The project has responded to 241 families from the original model demonstration area interested in information about the project to date. The names are kept in a continually updated database.</td></tr>
<tr><td>1.2 Identify potential caregivers through targeted recruitment by families and community awareness activities</td><td>• The project has responded to 222 caregivers from the original model demonstration area interested in information about the project to date. The names are kept in a continually updated database.
• Caregivers have been recruited by distributing project brochures and flyers to:
- area child care centers
- day care homes
- home health agencies
- religious groups
- local colleges/universities
- civic groups
- libraries
- public bulletin boards
- community cable TV announcements
- program newsletters
- newspaper ads
- military and parent news magazines
• Potential caregivers continue to receive information about the project and registration materials for training as they contact the project. They are then added to a database.
• Project staff shared these strategies for recruiting families with field-test site LPG members.</td></tr>
</table>

GOAL 1: To develop and implement a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.

OBJECTIVES	ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS
1.3 Prepare families for selection and training of caregivers	• To date, 136 families from the model site have completed Partners Plus training. • To date, 48 six-hour Partners Plus group training sessions have been held to prepare families for selection and training of caregivers. • To accommodate families, training sessions have continued to be held at several different locations in the community during the day, in the evening, and on weekends. Locations have included public schools, local churches, and other early intervention programs in addition to the CDR building. All facilities that host trainings are accessible to individuals with disabilities. • Project staff strongly encourage field-test sites to accommodate families in much the same way.
1.4 Prepare caregivers for respite provision and for specific family training	• During the reporting period, 21 caregivers attended a partners workshop for a total of 180 trained caregivers to date from the model site. The six-hour workshop was developed to increase awareness of the need for respite by families, to prepare caregivers for respite, and to help them begin to consider how they might provide respite and receive individualized training from families. • Project staff have continued to provide scholarships for caregivers to attend CDR's Annual Summer Institute. Project staff also regularly informed caregivers of various trainings, seminars, and workshops available in the community help prepare them to provide respite. • To make the training more convenient, for caregivers as well as families, the project conducted training sessions at several different locations in the community during the day, in the evening, and on weekends. All facilities that host Partners Plus trainings are accessible. • Caregivers who have completed a Partners workshop have continued to have the opportunity to provide group respite care during subsequent training sessions and at "Parent's Day Out" events so they can gain hands-on experience in working with children with special needs. • Project staff provided t/ta to field-test sites in supporting caregivers through additional training opportunities and hosting "Parent's Day Out" events.
1.5 Help families select caregivers using applications, social opportunities, and/or interviews	• The Partners workshop agenda continues to offer: - social time for families and caregivers, - training sessions that include group activities to foster interaction between families and caregivers, and - child care for families provided by caregivers who have completed group training. • Families frequently meet caregivers at child care provided during Partners Plus training. • 4 "Parent's Day Out" events were held to date, on Saturdays for 4 hours each time to help families meet respite caregivers. • Families review caregiver profiles that the project keeps on file to help them select caregivers. There are currently 67 caregiver profiles on file for the model site. • Project staff provided t/ta to field-test LPGs as they began to support families in selecting caregivers.

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GOAL 1: To develop and implement a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.

OBJECTIVES	ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS
1.6 Help 30 families (in 2 counties and 2 cities) to train caregivers using knowledge about their child's needs and caregiving routine	• A total of 136 families from the model site have gained more knowledge about training caregivers through group training. • Project staff have continued to provide additional resources and technical assistance as requested by families as they prepare for individualized training with caregivers.
1.7 Continue support and technical assistance to families to achieve and maintain quality caregiving	• Project staff have continued to offer support to families engaged in respite partnerships or in respite searches in person, over the phone, and through the mail upon request. On average, project staff continued to serve one family per week via telephone. • The project has purchased and cataloged additional resources (videos and books) for use by families and caregivers. • Partners staff shared an annotated bibliography of project resources with field-test site LPGs to assist with their creation of a library for families and caregivers. • The project has provided scholarships for families to attend other related training and has informed families of training, seminars, and workshops available in the community to help them achieve quality respite caregiving.
1.8 Help families build community resources and supports	• The Family Directory has been updated regularly and made available to families who have completed training at the model demonstration site. Families have used this to co-op with other families who have children with disabilities similar to their child's disability. • Five parents serve on the project advisory committee (AC) for the model site. The purpose of the AC is to provide specialized guidance and counsel to the project. Families participating on the AC helped shape Partners training and training material to meet the needs of families in the model site community.

GOAL 2: To develop and disseminate information and materials/products to promote quality respite care and leading to replication of the model.

OBJECTIVES	ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS
2.1 Develop project awareness information and materials	• The project inquiry packet has been updated to include a brochure and an abstract that highlights continuation and field-test activities.
2.2 Disseminate information about the model project to families, potential caregivers, service planners, and the community in which the model is being implemented.	• Brochures and other information about the project and training sessions were regularly sent to: - local child care providers - day care home providers - home health agencies - therapists - parent support groups - synagogues - churches - the local Arc - local early intervention programs - preschool special education programs - disability advocacy groups - social services - civic groups - retired senior volunteer programs - community services board - local and regional interagency coordinating councils • Project staff presented annually at the EFMP (Exceptional Family Member Program) annual symposium for the joint services of the military serving our geographic area from 1994-1999. • The project regularly published articles in local newspapers, military newsletters, family support newsletters, and CDR's Open Lines. • During the model demonstration period, project staff routinely provided Partners project updates at regional respite meetings, interagency coordinating council meetings, and at various state and local civic, religious, parent, and disability specific group meetings. Project staff frequently were guest presenters at local colleges and university social work, education, and psychology classes at both graduate and undergraduate levels.

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GOAL 2: To develop and disseminate information and materials/products to promote quality respite care and leading to replication of the model.

OBJECTIVES	ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS
2.3 Disseminate information to state and national audiences	• To date the project has responded to 76 requests for project information, materials and/or training and technical assistance from Virginia, Ohio, Oregon, New York, Illinois, Maryland, Minnesota, Massachusetts, Michigan, Washington, Iowa, Colorado, Texas, Kentucky, Pennsylvania, Canada, and Washington, D.C. **Dissemination activities -- conferences and presentations** ***1995*** Seventh Annual Access to Respite Care and Help (ARCH) Conference, Alexandria, Virginia, 11/15/95, *Partners Plus - Parents as Respite Trainers* ***1996*** Eighth Annual ARCH Conference, Arlington, Virginia, 11/13/96, *Partners Plus: Families and Caregivers in Partnerships* ***1997*** Joint Services Exceptional Family Member Program (EFMP) 3rd Annual Special Needs Awareness Forum, Bridging the Gap to the 21st Century, Empowerment of Families with Special Needs, Hampton, Virginia, 9/23/97, *Partners Plus: Families and Caregivers in Partnerships* Ninth Annual ARCH Conference, Alexandria, Virginia, 11/21/97, *Partners Plus: Families and Caregivers in Partnerships* Peninsula Autism Society Hampton Roads Chapter meeting, Hampton, Virginia, 1/14/97, *Partners Plus: Families and Caregivers in Partnerships* ***1998*** OSEP's Early Childhood Program Annual Meeting, Washington, D.C., 2/25/98, *Train-the-Trainer Models: Stages in Development and Replication for Model Demonstration and Outreach Projects* Rural Infant Services Annual Family Conference, Saluda, Virginia, 3/14/98, *Siblings: Then and Now* Tenth Annual Batten Disease Support and Research Association (BDSRA) International Family Conference, Richmond, Virginia, 8/2/98, *Building Bridges: Communicating with Caregivers About your Children (session 1) and Sibling Issues for Parents (session 2)* Into the Millennium: Best Practices for the New Century, Williamsburg, Virginia, 10/6/98, sponsored by Community Living Alternatives for People with Mental Retardation (CLAMR), AMMR Region IX, Arc of VA, People First of VA, VA Case Managers Association, Dutch Association for the Study of Intellectual Disability, *Siblings: Then and Now* Tenth Annual ARCH Conference, Arlington, Virginia, 11/17/98, *Partners Plus: Families and Caregivers in Partnerships*

GOAL 2: To develop and disseminate information and materials/products to promote quality respite care and leading to replication of the model.

OBJECTIVES	ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS
	Zero to Three Annual Conference, Washington, D.C., 12/2/98, *Partners Plus: Families and Caregivers in Partnerships* Division for Early Childhood (DEC), Chicago, Illinois, 12/6/98, Poster Session, *Partners Plus: Families and Caregivers in Partnerships* *1999* Families are Special Too (FAST) Annual Conference, Charlottesville, Virginia, 3/5/99, *Partners Plus: Families and Caregivers in Partnerships* National Association of State Directors of Special Education, Comprehensive System of Personnel Development 11th Annual Conference, Arlington, Virginia, 5/2-5/5, 1999, Poster Session, *Partners Plus: Families and Caregivers in Partnerships* Arc "Celebration of Living Conference," Wintergreen, Virginia, 11/2/99, *Respite Options* **Publications** Ownby, L.L., (1999). Partners Plus: Families and Caregivers in Partnerships [Monograph]. Seventh Annual CSPD Conference on Leadership and Change, 182-186. Perez, A.H. & Ownby, L.L.,(1999). "Pooling Community Resources to Train Caregivers: A Family-Centered Approach." ARCH Newsletter, pg. 7. Ownby, L.L., Moore, D.W., Frank, A., Garland, C.W., Perez, A.H., Kniest, B.A. (1998). *Partners Plus Community Planning Manual.* Garland, C.W., Perez, A.H., Kniest, B.A., Moore, D.W, Ownby, L.L., (1998). *Partners Plus Family Manual.* Garland, C.W., Perez, A.H., Kniest, B.A., Moore, D.W, Ownby, L.L., (1998). *Partners Plus Caregiver Manual.* Perez, A.H., Ownby, L.L., Moore, D.W., Garland, C.W., Frank, A,. (in press) *Partners Plus Trainers Workshop Manual.*
2.4 Develop a set of 3 manuals to support model and to increase replicability of model in other communities	• Four manuals were developed for **families, caregivers, communities, and trainers** to implement the Partners model. These are available through CDR. The four stand-alone manuals have been integrated into one package entitled ***A Guide to Family-Centered Respite Care.*** The Partners manuals have been packaged to be provided and/or sold to communities as one complete unit. However, the design of the manual packaging also enables families to purchase the ***Family Manual*** separately from the entire package. Families can effectively use this manual on an individualized basis to learn how to find, train, and maintain respite caregivers even if a community chooses not to replicate the model at the program level. The same is true for caregivers. The ***Caregiver Manual*** can also be purchased separately from the rest of the package. During model demonstration, each family, caregiver, community site, and attendees of subsequent field-test Partners workshops received a ***Family and Caregiver Manual*** respectively. Community planning groups and trainers were provided with a ***Community Planning and Trainer's Workshop Manual.*** Individual ***Family*** and ***Caregiver Manuals*** have also been made available at cost to interested individuals (conference attendees, inquiries, etc).

GOAL 3: To coordinate and promote continued support for project activities with state and local agencies/resources responsible for planning, implementing, and monitoring respite, child care, and services to children with special needs and their families.

OBJECTIVES	ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS
3.1 Establish working relationships with Virginia state agencies, Part C, education, and organizations responsible for respite care	• Strong working relationships continue with: - Virginia's Part C office - The Respite Resource Project at Virginia's UAP - Virginia's Interagency Coordinating Council - Virginia's Parent Training and Information Center - Virginia's Parent to Parent - Virginia State Arc
3.2 Identify field-test sites for years 4 and 5 in collaboration with state agencies and respite organizations	• In coordination with Virginia's Part C office and the VA UAP, the project identified five communities as field-test sites for years 4 and 5: the rural, sparsely populated and agricultural Middle Peninsula/Northern Neck, the urban and industrialized city of Norfolk, the rural area of Western Tidewater, the growing metropolitan area of Rappahannock, and the rural college town of Charlottesville.
3.3 Establish working relationships with local agencies, individuals, and groups serving children with disabilities and their families	• Project staff continue to maintain strong working relationships across the state with representatives from: - community services boards - interagency councils - early intervention program staff - the Arc - pre-school special education programs - community health programs (CHIP) - Red Cross chapters - colleges and universities - child care centers and referral service programs - civic and interfaith groups • The Partners Advisory Committee (AC) currently has five members representing families and caregivers and four members representing other community residents/programs. • The purpose of the AC is to provide guidance and counsel to project staff. The AC recommended in year 3 locating the model home at CDR. The project has been successful at ensuring continuation at CDR. Other activities included promoting Partners in our community and reviewing training manuals and materials.

GOAL 4:	**To field test a model of respite care for families and children (birth to 8) with disabilities and special health care needs that is designed, implemented, and evaluated by families.**
OBJECTIVES	**ACCOMPLISHMENTS AND DOCUMENTATION INDICATORS**
4.1 Identify community site	• Five sites were identified for field-test during years four and five (see objective 3.2).
4.2 Plan for Partners replication	• The LPG process is designed to help sites identify their communities' respite stakeholders so that they can develop collaborative relationships in order to establish and support Partners respite care programs in their communities. The project provides sites with a planning packet to help support them through this process (see Appendix D). • Using the five-step replication process outlined in Section VI, the project provided t/ta to 5 field-test communities as they implemented the Partners model. The second step in the replication process is to identify LPG members who will be instrumental in the establishment of the Partners respite model in their community. Each of the 5 Partners field-test communities conducted a LPG meeting.
4.3 Partners replication with technical assistance	• The project helps sites replicate Partners by using a train-the-trainer approach. This process involves conducting a six-hour Partners workshop at the site, and observing one training conducted by site staff at each field-test site. • Using the train-the-trainer approach the project implemented step three of the replication process helping communities learn how to conduct the 6-hour Partners workshop. Each field-test site community participated in at least one train-the-trainer workshop where they observed Partners project trainers conduct the workshop and then debriefed with project trainers at the end of the workshop to identify additional t/ta needs. Following the train-the-trainer workshop, each field-test community agreed to conduct at least one workshop for Partners project staff to observe and debrief with them. Four of the Partners field-test communities did this. After this second workshop, communities were then able to begin independent replication trainings. The community of Middle Peninsula/Northern Neck was able to conduct 10+ independent Partners workshops. The other communities are currently planning their training schedule. Partners project staff provided t/ta to sites by phone and on-site to help them determine membership of their LPG, the administrative structure of their Partners program, developing a Partners program budget, program promotional/marketing strategies, and program budget development. The project provided each of the 5 Partners field-test sites with t/ta for up to one year.
4.4 Evaluation	• Evaluation data were collected from each of the 5 Partners field-test sites and were analyzed and compared to the model demonstration data. Results are contained within the evaluation section (IX) .

XI. Future Activities

In September 1999 Partners Project staff presented at an international respite conference in Canterbury, England. Delegates attending the Partners session came from Russia, Romania, Canada, Scotland, and England. There was a mix of caregivers, staff, and administrators of respite programs and at least one family member. When the participants were asked how many had come to the presentation because they were interested in a new way of respite, every person in the room raised his or her hand. There was active discussion about the applicability of the model, particularly in the UK. There was great interest in the idea that caregivers were not "employed" by an agency, but by families. There was also much interest in ordering the Partners manuals. One agency would like to convert Partners manuals to "British English" so that they could be widely distributed in the UK. Project staff are working out these details. This level of interest and enthusiasm in the model demonstrates the need for creative family-centered respite world-wide. Partners manuals are marketed for sale to communities, families, and caregivers.

In July 1999 the Partners project was funded by the Joseph P. Kennedy, Jr., Foundation for one year with a possible two-year continuation to expand before-and-after school respite options for older children with mental retardation and related developmental disabilities. Through the Kennedy grant the Partners project will support six communities in establishing respite programs designed to train families and caregivers using the Partners model of respite. Funding from the Kennedy Foundation has been used to revise Partners resource manuals to extend the model's usefulness in expanding respite options for school-age children with disabilities. Revisions also include practical "how to" information for personnel working with children in before-and-after school programs, recreational, camp, and other community programs.

XII. Assurance Statement

The original and two copies of the full and final report of the Partners model demonstration project have been sent to:

Ms. Rose Sayer
Office of Special Education
U.S. Department of Education

400 Maryland Avenue SW
Switzer Building Room 3317
Washington, DC 20202-2626

A copy of the full and final report has also been sent to:

Ms. Gail Houle
U.S. Department of Education
Switzer Building, Room 4613
330 C Street, SW
Washington, DC 20202,

and to the ERIC Clearinghouse, along with all products, at the following address::

ERIC/OSEP Special Project
ERIC Clearinghouse on Handicapped and Gifted Children
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091.

A copy of the title page and abstract have been sent to each of the following:

Peggy Hensley
NEC*TAS Coordinating Office
Nations Bank Plaza
137 E. Franklin Street, Suite 500
Chapel Hill, NC 27514

National Clearinghouse for Professions in
Special Education
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

National Information Center for Children
and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, DC 20013

Technical Assistance for Parent Programs Project
(TAPP)
Federation for Children with Special Needs
95 Berkely Street, Suite 104
Boston, Massachusetts 02116

National Diffusion Network
555 New Jersey Avenue, NW
Washington, DC 20208

Child and Adolescent Service System Program (CASSP)
Technical Assistance Center
Georgetown University
2233 Wisconsin Avenue, NW
Suite 215
Washington, DC 20007

Northeast Regional Resource Center
Trinity College
Colchester Avenue
Burlington, Vermont 05401

MidSouth Regional Resource Center
University of Kentucky
Mineral Industries Building
Lexington, Kentucky 40506

South Atlantic Regional Resource Center
Florida Atlantic University
1236 North University Drive
Plantation, Florida 33322

Great Lakes Area Regional Resource Center
The Ohio State University
700 Ackerman Road
Suite 440
Columbus, OH 43202

Mountain Plains Regional Resource Center
1780 North Research Parkway
Suite 112
Logan, Utah 84321

Western Regional Resource Center
College of Education
University of Oregon
Eugene, Oregon 97403

Federal Regional Resource Center
University of Kentucky
114 Porter Building
Lexington, Kentucky 40506

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APPENDIX A

Partners Plus Curriculum and Training Materials

Partners Plus Family Curriculum

Partners Plus Caregiver Curriculum

Flow of Workshop Diagram

Sample Agenda for Partners Plus Workshop

Sample Agenda for Partners Plus Debriefing Meeting

Table of Contents, Family Manual

Table of Contents, Caregiver Manual

Table of Contents, Trainer's Workshop Manual

Table of Contents, Community Planning Manual

Partners Plus Family Curriculum

The ***Family Manual*** can be used as a resource for individual study or as a workbook during a Partners workshop. The manual and curriculum are designed to provide families with basic information on how to find and teaching others to care for their children with special needs for temporary periods of time. During the field testing phase of the use of this manual, Partners project staff asked families to give their feedback in a formal evaluation process. Some of their comments were... ***"the list of interview questions will help me a lot,"..."all the forms I will ever need are in this workbook,"... "easy to use and understand."***

The Introduction gives families an overview of the Partners model, its' history and development. The replication process for communities interested in implementing the Partners model is described, along with the four manuals contained in the *Partners Guide*.

Section 1 - About Respite

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ be able to define respite care and identify the benefits to families, children, and caregivers. ~ know how families drive family-centered services, and what rights and responsibilities they have as participants in family-centered systems. ~ understand the Partners model of respite care.	~Lecture ~Discussion ~Activity	Approximately: 30 minutes

Section 2 - Building Partnerships: Communication

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ know the importance of clear and open communication in a respite relationship. ~ know the variety of ways that people send and receive messages. ~ be able to recognize and mend communication breakdowns. ~ practice communication skills.	~Lecture ~Discussion ~Activities	Approximately: 45 minutes

Section 3 - Building Partnerships: Working Together

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ become more aware of the perspectives of families with children with special needs. ~ recognize families' need for respite and the value of the service that respite caregivers provide. ~ understand the importance of learning about a family's experience from the family.	~Lecture ~Discussion	Approximately: 45 minutes

Section 4 - All Kids Like Cookies

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ have firsthand experience of some of the challenges faced by children with special needs. ~ be able to identify the ways in which children with special needs adapt to their environments.	~Lecture ~Discussion ~Activity	Approximately: 45 minutes

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Section 5 - Finding Respite Caregivers

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ develop strategies for finding appropriate respite caregivers. ~ identify potential caregivers in their natural support networks. ~ know strategies for finding respite caregivers.	~Lecture ~Discussion ~Activity	Approximately: 20 minutes

Section 6 - Interviewing Caregivers

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ identify what questions to ask caregivers in interviews. ~ understand different options for conducting interviews. ~ know other strategies for gathering information on caregivers.	~Lecture ~Discussion	Approximately: 15 minutes

Section 7 - Developing a Personalized Training Plan

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ be prepared to teach their caregivers to care for their children. ~ understand the four step process for teaching daily routines to caregivers. ~ know some principles for teaching adults. ~ understand the importance of sharing emergency procedures and household rules with caregivers.	~Lecture ~Discussion ~Activity	Approximately: 25 minutes

Section 8 - Resources

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ understand the importance of practicing universal precautions. ~ know where to obtain more information to help them teach caregivers about caring for their child.	~Lecture ~Discussion	Approximately: 10 minutes

Section 9 - Forms for Sharing Information

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ become familiar with forms they can use for sharing information about caring for their child.	~Lecture ~Discussion	Approximately: 10 minutes

Final Activity - Using Daily Routines to Develop a Personalized Training Plan

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ practice developing a personalized training plan using a child's daily routines.	~Lecture ~Discussion	Approximately: 30 minutes

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Partners Plus Caregiver Curriculum

The ***Caregiver Manual*** can be used as a resource for individual study or as a workbook during a Partners workshop. The manual and curriculum are designed to provide potential caregivers with basic information on caring for young children with special needs and supporting families. During the field testing phase of the use of this manual, Partners project staff asked caregivers to give their feedback in a formal evaluation process. Some of their comments were...***"great detail, very complete,... "simplicity, easy to understand,"... "very organized, easy to read, thorough, specific and informative."***

The Introduction gives caregivers an overview of the Partners model, its' history and development. The replication process for communities interested in implementing the Partners model is described along with the four manuals contained in the *Partners Guide*.

Section 1 - About Respite

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ be able to define respite care and identify the benefits to families, children, and caregivers. ~ know how families drive family-centered services, and what rights and responsibilities they have as participants in family-centered systems. ~ understand the Partners model of respite care.	~Lecture ~Discussion ~Activity	Approximately: 30 min.

Section 2 - Building Partnerships: Communication

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ know the importance of clear and open communication in a respite relationship. ~ know the variety of ways that people send and receive messages. ~ be able to recognize and mend communication breakdowns. ~ practice communication skills.	~Lecture ~Discussion ~Activities	Approximately: 45 min.

Section 3 - Building Partnerships: Working Together

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ become more aware of the perspectives of families with children with special needs. ~ recognize families' need for respite and the value of the service that respite caregivers provide. ~ understand the importance of learning about a family's experience from the family.	~Lecture ~Discussion	Approximately: 45 min.

Section 4 - All Kids Like Cookies

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ have firsthand experience of some of the challenges faced by children with special needs. ~ be able to identify the ways in which children with special needs adapt to their environments.	~Lecture ~Discussion ~Activity	Approximately: 45 min.

Section 5 - Disabilities Awareness

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand common terms, services, and issues related to children with special needs.	~Lecture ~Discussion	Approximately: 15 min.

Section 6 - Understanding Child Development

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand the basics of child development. ~ be aware of the importance of play and enriching environments for child development.	~Lecture ~Discussion	Approximately: 15 min.

Section 7 - Children with Special Needs

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand basic information about common special needs. ~ be aware of the basic developmental and medical effects of common special needs on children. ~ understand what caregivers may be asked to do when they care for children with common special needs.	~Lecture ~Discussion	Approximately: 15 min.

Section 8 - Becoming a Caregiver

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand how caregivers can become active members of a respite partnership in the Partners program. ~ understand how caregivers can contribute to personalized training. ~ know how to match with families for respite	~Lecture ~Discussion	Approximately: 10 minutes

Section 9 - Resources

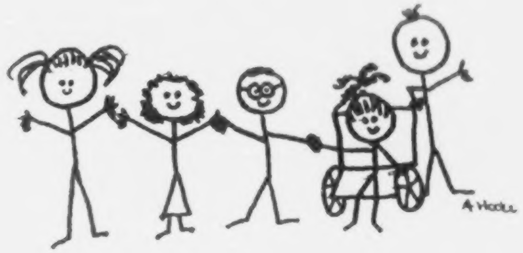
Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand the importance of practicing universal precautions. ~ know where to obtain more information to help them care for children with special needs.	~Lecture ~Discussion	Approximately: 2 minutes

Section 10 - Forms for Sharing Information

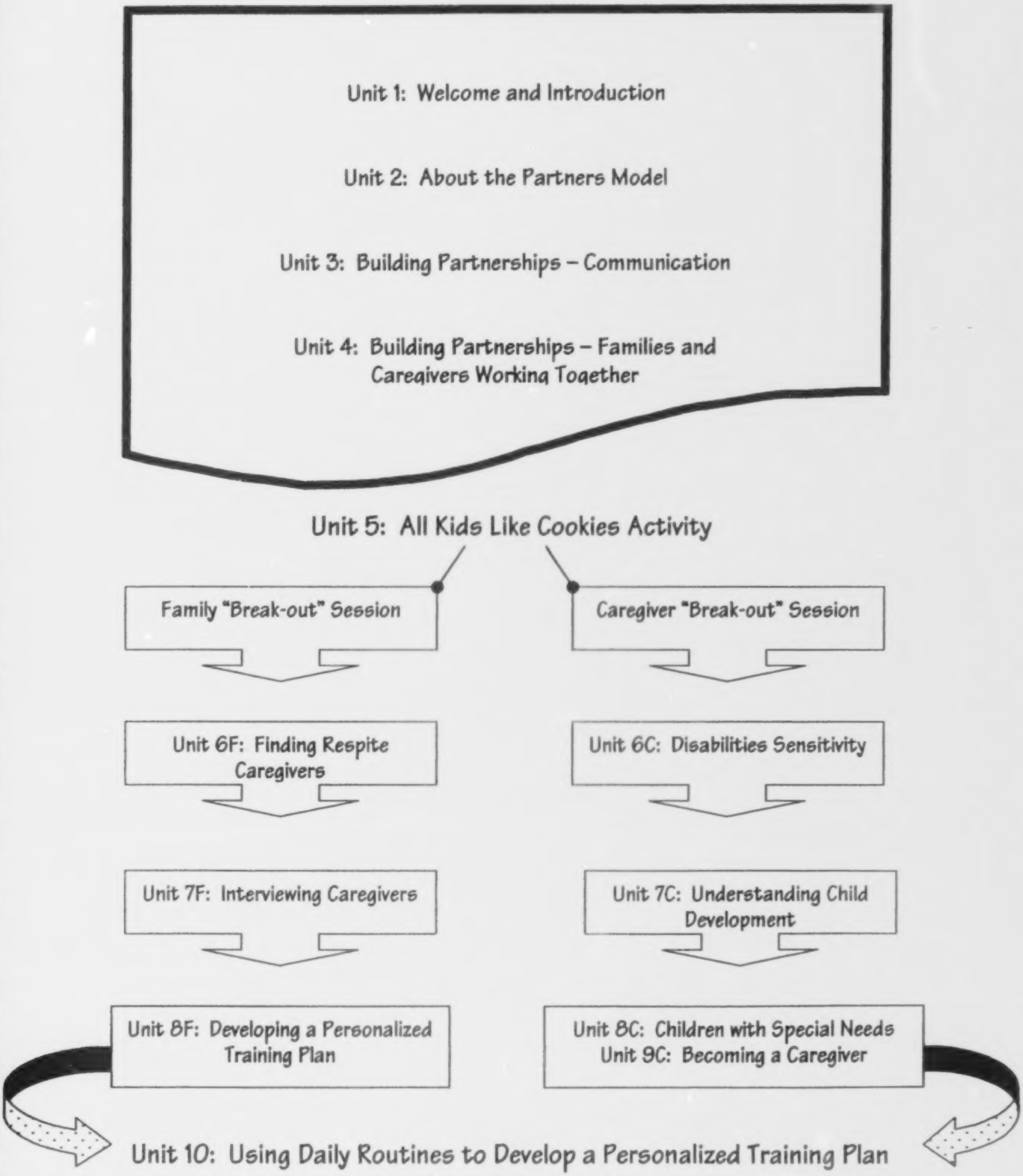
Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ become familiar with the forms families may use to share information about caring for their child.	~Lecture ~Discussion	Approximately: 2 minutes

Final Activity – Using Daily Routines to Develop a Personalized Training Plan

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ have the opportunity to practice participating in a personalized training plan.	~Lecture ~Discussion	Approximately: 2 minutes



FLOW OF WORKSHOP



Unit 1: Welcome and Introduction

Unit 2: About the Partners Model

Unit 3: Building Partnerships – Communication

Unit 4: Building Partnerships – Families and Caregivers Working Together

Unit 5: All Kids Like Cookies Activity

Family "Break-out" Session

Unit 6F: Finding Respite Caregivers

Unit 7F: Interviewing Caregivers

Unit 8F: Developing a Personalized Training Plan

Caregiver "Break-out" Session

Unit 6C: Disabilities Sensitivity

Unit 7C: Understanding Child Development

Unit 8C: Children with Special Needs
Unit 9C: Becoming a Caregiver

Unit 10: Using Daily Routines to Develop a Personalized Training Plan

Partners Plus Workshop

Date

Location

Time

8:30	☺ Registration and Light Refreshments
9:00	☺ Welcome and Introductions
	☺ Getting to know you Bingo
	☺ About Partners
	☺ Communication
10:45	☺ Break - 5 minutes
10:55	☺ Families and Caregivers Working Together
	☺ Activity: All Kids Like Cookies
12:15	☺ Lunch (Raffle Drawing)
12:55	☺ Break-Out Session for Families - Finding Respite Caregivers - Interviewing Caregivers - Developing an Individualized Training Plan

1:00 ☺ Break-Out Session for Caregivers

- Disabilities Awareness
- Understanding Child Development
- Children with Special Needs
- Becoming a Respite Caregiver

2:15 ☺ Activity: Using Daily Routines to Develop an Individualized Training Plan

2:45 ☺ Wrap up, Final Raffle Drawing, and Evaluations

3:30 ☺ Congratulations! You're on your way!

3:45-5:00 ☺ Debriefing Session for Trainers

Partners Plus
Trainer and Community Planners Workshop
Debriefing Meeting
Date
Location

Agenda

- Purpose of Meeting
- Sign-In
- General Observations
- Trainer Needs Survey
- Partners Plus Curriculum
- Trainer's Manual
- Review and Discuss Sample Forms
    - Flyers
    - Press Releases
    - Introductory Letter to Families
    - Project Inquiry Form
    - Pre-Registration Form
    - Child Care Information Form
    - Child Care Sign-In Sheet

  - Caregiver Sign-In Sheet
  - Checklist of Materials and Equipment for Partners Workshop
  - Workshop Room Arrangement
  - Agendas
  - Permission for Media Release
  - Getting-To-Know-You BINGO or other Icebreakers
  - Caregiver Directory Release (optional)
  - Caregiver Directory
  - Family Directory Release (optional)
  - Family Directory
  - Workshop Certificate
- Tips for Trainers
- Guidelines for Partners Workshops
- Workshop Signs
- Order Form for Manuals
- Overview of Roles and Responsibilities of Replication Sites and Partners Project Staff
- Workshop Record of Attendance
- Evaluation Forms and Instructions for Collection
- Return Address Labels and Envelope
- Respite... A parent's Lifeline
- In-Kind Match

Partners Plus

Families and Caregivers in Partnerships: A Family Manual

By

Lisa L. Ownby, M.S.W.

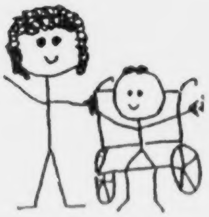
Amanda C. Hooke, M.S.W.

Dee Wylie Moore, B.S.

Corinne W. Garland, M.Ed.

The **Family Manual** is part of a series of resources in the **Partners Plus Families and Caregivers in Partnerships, A Family-Centered Guide to Respite Care**. The rest of the series includes the **Community Planning**, **Trainer's Workshop**, and **Caregiver Manuals**, created by Child Development Resources.

DRAFT 10.99



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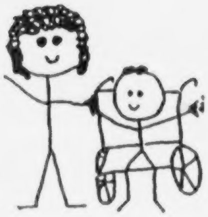

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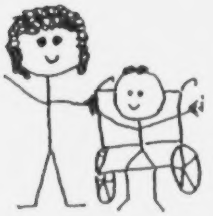

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Final Activity

Step 1: Identify training goals
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Step 3: Use resources to help train your caregiver
Step 4: Evaluation

Partners Plus

Families and Caregivers in Partnerships: Caregiver Manual

By

Lisa L. Ownby, M.S.W.

Amanda C. Hooke, M.S.W.

Dee Wylie Moore, B.S.

Corinne W. Garland, M.Ed.

The **Caregiver Manual** is part of a series of resources in the **Partners Plus Families and Caregivers in Partnerships, A Family-Centered Guide to Respite Care**. The rest of the series includes the **Community Planning**, **Trainer's Workshop**, and **Family Manuals**, created by Child Development Resources.

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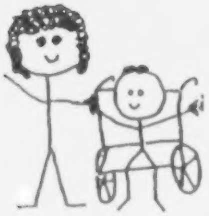

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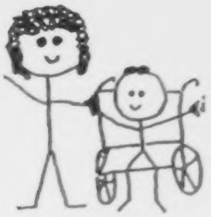

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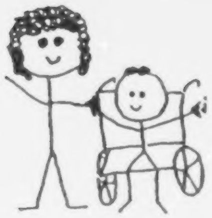

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Final Activity

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Step 2: List training methods
Step 3: Use resources to help train your caregiver
Step 4: Evaluation

Partners *Plus*

Trainer's Workshop Manual

Developed By

Amanda C. Hooke, M.S.W.
Lisa L. Ownby, M.S.W.
Dee Wylie Moore, B.S.
Corinne W. Garland, M.Ed.
Adrienne Frank, O.T.R.

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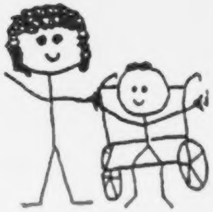

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Resources

Partners Plus

Families and Caregivers in Partnerships: Community Planning Manual

Developed By

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The **Community Planning Manual** is part of a series of resources in the **Partners Plus Families and Caregivers in Partnerships, A Family-Centered Guide to Respite Care**. The rest of the series includes the **Trainer's Workshop, Family**, and **Caregiver Manuals**, created by Child Development Resources.

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APPENDIX B

Partners Plus Family & Caregiver Training Forms

Essential Information

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About My Child

About Our Family

About Sisters and Brothers

Health and Safety Checklist

Step 1: Identify training goals

Step 2: List training methods

Step 3: Use resources to help train your caregiver

Step 4: Evaluation

Personalized Training Plan

Respite Caregiver Profile

Reference Check

Essential Information

General Information

Child's Name: ______________________ **Nickname:** ____________________

Address: ____

Phone: ___________________________ **Allergies:** _____________________

Age: _________ **D.O.B.** _________ **Height:** _______ **Weight:** _______

Child diagnosis or description of special needs: ________________________

____

____

Health Insurance: ___________________ **I.D. Number:** __________________

You can reach me at ____

If you cannot contact me, please call:

______________________________ **Phone:** _____________________

Medication

Name of medication: ____

Purpose for medication: ____

Time to be given: ___________________ **Dosage:** ______________________

Pharmacy: ________________________ **Phone:** _______________________

Comments: ____

____

____

Essential Information (continued)

Food

Allergies: ______________________________

____

Cannot have: ______________________________

____

Acceptable snacks: ______________________________

____

Meals: ______________________________

____

Daily Schedule

AM: ______________________________

____

____

PM: ______________________________

____

____

Nap Time: ______________________________

____

Health and Medical Information

Child's Name: ____________________ **Date of Birth:** ________________

Current Health Problems / Needs: ________________________________

____

Allergies (if any): ____

____

Child's Physician: ____

Address: ____

Phone: ____

Name and Number of Medical Insurance: ____________________________

Authorization for Emergency Medical Care

____________________ has permission to obtain immediate medical care for my child if any emergency occurs when the parent or guardian cannot be located. I understand the child's physician will be contacted if available.

Parent or Guardian: ________________ **Date:** ______________________

Additional information about my child: ____________________

Important Phone Numbers

Mother's Work: ______________________________

Father's Work: ______________________________

Police/Emergency: ______________________________

Fire/Emergency: ______________________________

Poison Control: ______________________________

Doctor's Office: ______________________________

Pharmacy: ______________________________

Hospital: ______________________________

Dentist: ______________________________

Neighbor/Friend: ______________________________

Neighbor/Friend: ______________________________

Relative: ______________________________

Relative: ______________________________

Gas Company: ______________________________

Electric Company: ______________________________

Phone Company: ______________________________

Apartment Manager: ______________________________

Veterinarian: ______________________________

Other: ______________________________

Other information I want you to know: ________________________________

About My Child

Child's Name: ______________________________ **Date:** __________

What I would like to tell you about my child: ______________________

Favorite toys or playthings: ______________________

Special routines (a good-bye hug, snack after school, story for bedtime, etc.) my child enjoys: ______________________

Special things (blanket, a pacifier, stuffed animal, etc.) that my child enjoys:

Things that scare my child: ______________________

Things that quiet or comfort my child: ______________________

____

Special things my child does: ______________________

____

____

Activities my child likes: ______________________

____

Activities my child dislikes: ______________________

____

Personality or behavior style (such as active, quiet, silly, serious): ______________________

____

Things that are easy for my child: ______________________

____

____

Things that are hard for my child: ______________________

____

Special names or words for people or things that my child understands/uses:

____

____

Other special information or concerns: ______________________

____

About Our Family

The people in our family are:

Some things our family does together:

Special things each member of my family does alone or with someone else:

Things we would like to do if we had respite:

Dreams for our child with disabilities: ____________________

Dreams for our family: ____________________

About Sisters and Brothers

General Information

Brother/Sister's Name: ____________ Nickname: ____________

Age: ________ D.O.B.: ________ Height: ______ Weight: ______

Allergies: ________________________________

Important health or developmental history: ________________________________

____

____

____

____

Medications

Name of medication: ________________________________

Purpose for medication: ________________________________

Time to be given: ____________ Dosage: ____________

Pharmacy: ____________ Phone: ____________

Prescribing Doctor: ________________________________

Doctor's Phone: ________________________________

Let me tell you about ________________________________

____

____

____

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Let me tell you about ____

Health and Safety Checklist

Our caregiver is certified in:

_____ infant/child CPR
_____ first aid

Our caregiver knows where we keep our:

_____ medical treatment release forms
_____ medical insurance information
_____ first-aid kit and book
_____ sunscreen

We have provided our caregiver individualized training on:

_____ emergency plans
  ____ what we would consider an emergency for our child
  ____ what we would like our caregiver to do in case of an emergency
  ____ where we keep emergency phone numbers

_____ fire safety
  ____ location of and how to use the fire extinguisher
  ____ our fire evacuation plan
  ____ location of smoke detector

_____ poison safety
  ____ where we keep the Poison Control Center phone number
  ____ where we keep the Syrup of Ipecac

_____ kitchen safety (i.e., stove, appliances, pots on the stove, etc.)
  ____ first aid for burns

We have provided our caregiver individualized training on:

- _____ hand washing for caregivers and children after toileting and outside time and before food preparation
- _____ medication administration
- _____ our smoking policy
- _____ diaper/toileting routine and diaper disposal
- _____ toy safety (e.g., balloons might suffocate small children, young children might choke on small toys or toys with small parts)
- _____ use of medical equipment
- _____ crib/bed safety
  - ____ young children should sleep on their backs
  - ____ the side rail of a crib should be latched when the child is asleep
  - ____ caregivers should check on sleeping children
  - ____ bottles should be held and not propped for young children
- _____ positioning, exercises, and therapeutic activities
- _____ car safety
  - ____ car seats are available and adjusted for our child
  - ____ correct use of a car seat
  - ____ child should always be in a car seat or fastened seat belt when the car moving
- _____ my child's allergies
  - ____ medical care if my child is exposed to allergens
- _____ safety in the home
  - ____ electrical outlets are covered
  - ____ hot water heater adjusted to 120 degrees or lower
  - ____ guns are unloaded and locked in a cabinet
  - ____ bullets are locked in cabinets separate from guns
- _____ medications, poisonous chemicals, and liquor are kept out of the reach of children
- _____ rubber mats or nonslip surfaces are in showers or tubs children will use

Step 1:
Identify training goals.

What do you want your caregiver to learn about your child and family routines?

I want my caregiver to learn about these routines:

Goal 1: ______________________________

____

____

Goal 2: ______________________________

____

____

Goal 3: ______________________________

____

____

Goal 4: ______________________________

____

____

Goal 5: ______________________________

____

____

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Additional Thoughts

Step 2:
List training methods.

What methods will you use to teach your caregivers?

In order to reach these goals I will use the following methods:

Goal 1: ______________________________

Methods:

1. ______________________________
2. ______________________________
3. ______________________________

Goal 2: ______________________________

Methods:

1. ______________________________
2. ______________________________
3. ______________________________

Goal 3: ____

Methods:

1. ____

2. ____

3. ____

Goal 4: ____

Methods:

1. ____

2. ____

3. ____

Goal 5: ____

Methods:

1. ____

2. ____

3. ____

Step 3:
Use resources to help train your caregiver.

What information will you use to help your caregiver learn?

These are the resources I would like to use:

_____ books

_____ handouts

_____ videotapes

_____ audiotapes

_____ computer search

_____ I develop resources

_____ other (please describe)

____

____

____

Additional Thoughts

Step 4: Evaluation

How will you and your caregiver know when a specific skill or routine has been learned?

I will know a specific skill or routine has been learned when we accomplish the following:

Goal 1: ______________________________

____

____

Goal 2: ______________________________

____

____

Goal 3: ______________________________

____

____

Goal 4: ______________________________

____

____

Goal 5: ______________________________

____

____

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Additional Thoughts

Personalized Training Plan

Child's Name: ______________________ **Date:** ________

Routine: ______________________

Time of Day: ______________________

Step 1: Training Goal ______________________

Step 2: Training Methods ______________________

Step 3: Resources ______________________

Step 4: Evaluation ______________________

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Additional Thoughts

Respite Caregiver Profile

Date: ____________

Personal:

Name: ______________________ SS#: ____________________

Address: ____

Home Telephone: ________________ Work Telephone: ____________

In case of emergency, notify: _________________________________

Relationship: ____

Home Telephone: ________________ Work Telephone: ____________

Experience:

Describe experience you have had with children (including your own). ________

____

____

____

Have you ever provided care for children with disabilities?

___ Yes ___ No

If yes, please list your experiences: ______________________________

____

____

____

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Respite Caregiver Profile, continued

Have you had any courses in early childhood, child development, or child health?

___Yes ___ No

Are you certified in Red Cross First Aid?

___Yes ___ No Date of Expiration ________________

Are you certified in Infant/Child CPR?

___Yes ___ No Date of Expiration ________________

Do you have a valid driver's license?

___Yes ___ No Date of Expiration ________________

Education:

I have completed:

High School ________________________ **Some College** __________________

College ___________________________ **Graduate School** ______________

Degree or Major (specify): ____

Other training/education: ____

Employment:

Current Employer: ____

Position: ____

Respite Caregiver Profile, continued

Interests: (Check all that apply)

I am willing to care for children ages

birth - 2 ________ 2 - 5 ________ 5 - 8 ________ over 8 ______

I am willing to provide care (check all that apply):

_____ at my home
_____ at child's home
_____ during the day
_____ during evenings

_____ weekdays
_____ weekends
_____ overnight
_____ anytime

When I provide care, I will care for:

_____ only the child with disabilities
_____ the child with disabilities plus siblings
_____ the child with disabilities and other children in my care
_____ the child with disabilities and my own child/children

I would prefer to provide care:

_____ as a volunteer
_____ in exchange for a service (i.e., transportation, lawn care, meals, etc.)
_____ for an hourly rate of $ ________
_____ for a negotiable hourly rate

How far are you willing to travel to provide care? (Check all that apply.)

_____ Williamsburg/James City County
_____ York County
_____ Newport News

_____ Hampton
_____ Poquoson
_____ Gloucester

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Respite Caregiver Profile, continued

References:

Please provide the names, addresses, and phone numbers of two persons we may contact who have known you for more than 1 year (excluding relatives or roommates).

Name: ______________________________ **Phone:** ___________________________

Address: ____

Name: ______________________________ **Phone:** ___________________________

Address: ____

I am most interested in providing respite care because _________________________

____

Thank You!

Reference Check

Date: ______________

Name of Potential Caregiver: ____

Name of Reference: ________________ Phone: ______________________

1. How do you know ______________________________________?
   (put name of potential caregiver here.)

2. How long have you known ______________________________?

3. What words best describe ______________________________?

4. How would you best describe how ___________________________ relates to children?

5. Describe what you think are ________________________'s strong points in working with children with special needs and their families?

6. Are there any other comments about ________________________ you would like to make?

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Additional Thoughts

APPENDIX C

Partners Plus Evaluation Measures

Partners Evaluations Data Checklist and Instructions for Replication Trainers

Partners Plus Caregiver Knowledge Pre Evaluation

Partners Plus Caregiver Comfort Scale Pre Evaluation

Partners Plus Initial Family survey

Partners Plus Caregiver Knowledge Post Evaluation

Partners Plus Caregiver Comfort Scale Post Evaluation

What Did You Think About the Workshop?

Partners Plus Family Manual Evaluation

Partners Plus Caregiver Manual Evaluation

Partners Plus Follow-up Family Survey

Trainer Needs Survey

Trainer's Workshop Manual Evaluation

Evaluation of Community Implementation Process

Partners Evaluations Data Checklist and Instructions for Replication Trainers

Mail to:

Sherry Bownes
Partners Plus Project
1490 Government Road
Williamsburg, VA 23185

Training Date: ______________

Training Location: ______________________________ **From:** ________________

Trainers Names: ____

As a Partners Plus replication trainer you will be responsible for collecting evaluation data and returning it to Partners. For your convenience, we have provided return address labels in your debriefing packet. Send us a completed copy of this form along with the evaluation data within 10 days of a replication workshop. After receiving the data, Partners will summarize the *What Did You Think About the Workshop* evaluation and send it to you. Upon your request, we will send the pre- and post- measure results.

INSTRUMENT NAME	WHEN TO COMPLETE	COLLECTION DATE	PERSON TO COLLECT
Caregiver Knowledge Pre Evaluation	Prior to beginning of workshop		
Caregiver Comfort Scale Pre Evaluation	Prior to beginning of workshop		
Initial Family Survey	Prior to beginning of workshop		
Caregiver Knowledge Post Evaluation	At end of workshop		
Caregiver Comfort Scale Post Evaluation	At end of workshop		
What Did You Think About the Workshop?	At end of workshop		
Family Manual Evaluation	At end of workshop		
Caregiver Manual Evaluation	At end of workshop		
Follow-up Family Survey	Three and six months after workshop		

Partners Plus Caregiver Knowledge Pre Evaluation

Name: ____________________________ Date: ________________

This survey is designed to gather information about your experience and knowledge of caring for children with disabilities or special needs.

Read each statement and circle the single best answer.

1. Early intervention services are available to children with disabilities who are
   a. Birth to three years old
   b. In public schools
   c. Three to five years old
   d. I don't know

2. Children who receive early intervention special education services must
   a. Get therapy
   b. Go to a classroom program
   c. Have an individual plan
   d. I don't know

3. All children with special needs receive education through
   a. MCH
   b. CHIP
   c. IDEA
   d. I don't know

4. Which of these diagnoses tells you that a child has a special health care need?
   a. Autism
   b. Cystic Fibrosis
   c. Mental retardation
   d. I don't know

5. Providing good respite care for a child with a disability depends heavily on
   a. Desire/attitude of caregivers
   b. Educational level of the caregiver
   c. A child's disability
   d. I don't know

OVER

6. When caring for children with disabilities in their homes, it is necessary to
    a. Learn about their daily household routines
    b. Change things to suit your way of providing care
    c. Ignore the way the family trained you to take care of the child
    d. I don't know

7. A key to a successful respite care program for families is
    a. Providing each family with many caregivers
    b. Allowing each family to train their own caregivers
    c. To start more respite agencies
    d. I don't know

8. It is most important for respite caregivers to
    a. Understand child development
    b. Know the needs of the child or children in their care
    c. Have a degree or certification
    d. I don't know

9. The term "cognitive development" is used to describe how a child
    a. Relates to others
    b. Sits and grasps toys
    c. Thinks and solves problems
    d. I don't know

10. If caregivers have questions or concerns about a child's special needs, they should
    a. Discuss their concerns with the child's parent(s) or guardian
    b. Call the local special education program
    c. Not do anything because if they are wrong it would upset the child's parents
    d. I don't know

Thank You!

Partners Plus Caregiver
Comfort Scale Pre Evaluation

Caregiver's Name: ______________________ Date: __________

Please circle the number that best describes how comfortable you feel in working with children with special needs.

How comfortable are you:

	Uncomfortable		Somewhat Uncomfortable		Very Comfortable
1. Providing care for a child with special needs	1	2	3	4	5
2. Planning activities that a child with special needs can enjoy	1	2	3	4	5
3. Meeting the routine health care needs of a child with special needs	1	2	3	4	5
4. Feeding a child with special needs	1	2	3	4	5
5. Talking with families of children with disabilities about their child and their child's strengths and needs	1	2	3	4	5
6. Talking to other people about any concerns they may have about children with special needs in your care	1	2	3	4	5
7. Identifying resources and getting help you may need in caring for children with special needs.	1	2	3	4	5

Thank You!

Partners Plus Initial Family Survey

Child's Name: ______________________ Age: ______________

This survey is designed to gather information about your experience and knowledge of caring for children with disabilities or special needs.

Read each statement and circle the single best answer.

1. Does your child have any special needs such as: developmental delay, multiple disabilities, vision, hearing, feeding, behavior, heart problems, breathing problems, other? If so, please explain.

____

____

____

____

2. Has your child received early intervention, special education, or therapeutic services? If so, please explain.

____

____

____

____

3. Does your child use any assistive technology such as: electric wheelchair, medical equipment, communications board, other? Please describe.

____

____

____

____

OVER

Answer the following questions if you have ever left your child in another person's care. Please circle the best answer.

	Uncomfortable		Somewhat Uncomfortable		Very Comfortable
4. In general, how hard has it been to arrange respite (temporary child care) for your child(ren)?	1	2	3	4	5
5. How comfortable did you feel leaving your child(ren) with the caregiver?	1	2	3	4	5

6. Have you ever taught a caregiver to care for your child? Yes No

7. How much time did you spend teaching the person how to care for your child?	Less than 30 minutes	About 3 hours	Over 3 hours

8. In the last three months, how many times have you used respite care?	0	1-3	4-6	6 and up
9. In the last three months, how many times did you want respite, but could not find a caregiver?	0	1-3	4-6	6 and up
10. In the last three months, how many times did caregivers cancel?	0	1-3	4-6	6 and up

11. Child's Mother's Age _____ Child's Father's Age _____

12. What is the child's mother's highest level of education?
_____ Middle School
_____ High School
_____ Some College
_____ College Graduate (4 years)
_____ Some Graduate School
_____ Graduate Degree

13. What is the child's father's highest level of education?
_____ Middle School
_____ High School
_____ Some College
_____ College Graduate (4 years)
_____ Some Graduate School
_____ Graduate Degree

Partners Plus Caregiver Knowledge Post Evaluation

Name: ____________________________ Date: ________________

This survey is designed to gather information about your experience and knowledge of caring for children with disabilities or special needs.

Read each statement and circle the single best answer.

1. Early intervention services are available to children with disabilities who are
    a. Birth to three years old
    b. In public schools
    c. Three to five years old
    d. I don't know

2. Children who receive early intervention special education services must
    a. Get therapy
    b. Go to a classroom program
    c. Have an individual plan
    d. I don't know

3. All children with special needs receive education through
    a. MCH
    b. CHIP
    c. IDEA
    d. I don't know

4. Which of these diagnoses tells you that a child has a special health care need?
    a. Autism
    b. Cystic Fibrosis
    c. Mental retardation
    d. I don't know

5. Providing good respite care for a child with a disability depends heavily on
    a. Desire/attitude of caregivers
    b. Educational level of the caregiver
    c. A child's disability
    d. I don't know

OVER

6. When caring for children with disabilities in their homes, it is necessary to
   a. Learn about their daily household routines
   b. Change things to suit your way of providing care
   c. Ignore the way the family trained you to take care of the child
   d. I don't know

7. A key to a successful respite care program for families is
   a. Providing each family with many caregivers
   b. Allowing each family to train their own caregivers
   c. To start more respite agencies
   d. I don't know

8. It is most important for respite caregivers to
   a. Understand child development
   b. Know the needs of the child or children in their care
   c. Have a degree or certification
   d. I don't know

9. The term "cognitive development" is used to describe how a child
   a. Relates to others
   b. Sits and grasps toys
   c. Thinks and solves problems
   d. I don't know

10. If caregivers have questions or concerns about a child's special needs, they should
    a. Discuss their concerns with the child's parent(s) or guardian
    b. Call the local special education program
    c. Not do anything because if they are wrong it would upset the child's parents
    d. I don't know

Thank You!

Partners Plus Caregiver
Comfort Scale Post Evaluation

Caregiver's Name: ______________________ Date: ___________

Please circle the number that best describes how comfortable you feel in working with children with special needs.

How comfortable are you:

	Uncomfortable		Somewhat Uncomfortable		Very Comfortable
1. Providing care for a child with special needs	1	2	3	4	5
2. Planning activities that a child with special needs can enjoy	1	2	3	4	5
3. Meeting the routine health care needs of a child with special needs	1	2	3	4	5
4. Feeding a child with special needs	1	2	3	4	5
5. Talking with families of children with disabilities about their child and their child's strengths and needs	1	2	3	4	5
6. Talking to other people about any concerns they may have about children with special needs in your care	1	2	3	4	5
7. Identifying resources and getting help you may need in caring for children with special needs.	1	2	3	4	5

Thank You!

What Did You Think About the Workshop?

Name:______________________________ Date:______________

Presenters:____

1. What I liked about the workshop...

2. How did we do? The information presented was:
   ______ easy to understand
   ______ difficult to understand because...

3. The information presented was:
   ______ useful
   ______ not useful because...

OVER

4. The overall quality of the workshop was: 1 2 3 4 5
Very Poor Very Good

5. Were the workshop materials helpful? 1 2 3 4 5
Not at All Very

6. Was the information presented appropriate for your needs? 1 2 3 4 5
Not at All Very

7. Was there enough chance for questions and discussion? 1 2 3 4 5
Not at All Very

8. I gained knowledge about...

____

____

____

9. Suggestions I would like to offer for improving the workshop...

____

____

____

10. I think what I'll remember most was...

____

____

____

11. Please share any additional comments:

____

____

____

Partners Plus Family Manual Evaluation

Name: ______________________________ Date:____________

Thank you for taking time to help us evaluate the ***Family Training Manual***. Your ideas will be used to help us improve our manuals.

		1	2	3	4	5
	Rating scale for questions 1 through 4	**Poor**		**Good**		**Excellent**
1.	Organization of the manual	1	2	3	4	5
2.	Format of the Manual	1	2	3	4	5
3.	Appearance of Materials	1	2	3	4	5
4.	Overall quality of the manual	1	2	3	4	5

		1	2	3	4	5
	Rating scale for questions 5 through 8	**Not at all**		**Somewhat**		**Fully**
5.	Was the information clear?	1	2	3	4	5
6.	Was the information useful?	1	2	3	4	5
7.	Was the manual helpful to you in finding caregivers?	1	2	3	4	5
8.	Was the manual helpful to you in training caregivers?	1	2	3	4	5

9. Did you finish reading the entire manual? _____ Yes _____ No

10. Please list suggestions for improving the Partners manual:

____

____

Thank You!

Partners Plus Caregiver Manual Evaluation

Name: ______________________________ Date: ____________

Thank you for taking time to help us evaluate the ***Caregiver Training Manual.*** Your ideas will be used to help us improve our manuals.

		1	2	3	4	5
	Rating scale for questions 1 through 4	**Poor**		**Good**		**Excellent**
1.	Organization of the manual	1	2	3	4	5
2.	Format of the manual	1	2	3	4	5
3.	Appearance of materials	1	2	3	4	5
4.	Overall quality of the manual	1	2	3	4	5
		1	**2**	**3**	**4**	**5**
	Rating scale for questions 5 through 8	**Not at all**		**Somewhat**		**Fully**
5.	Was the information clear?	1	2	3	4	5
6.	Was the information useful?	1	2	3	4	5
7.	Was the manual helpful to you in working with families?	1	2	3	4	5
8.	Was the manual helpful to you in caring for children with special needs?	1	2	3	4	5

9. Did you finish reading the entire manual? _____ Yes _____ No

10. Please list suggestions for improving the Partners manual:

____

____

Thank You!

Partners Plus Follow-up Family Survey

Name: ______________________________ Date: _____________

If you have participated in the Partners workshop, please answer the following questions:

1. How long ago did you participate in the Partners workshop? _____ Months _____ Years

2. How helpful was the Partners workshop for finding caregivers?
   Not Helpful 1 2 Somewhat Helpful 3 4 Very Helpful 5

3. How helpful was the Partners workshop for teaching caregivers?
   Not Helpful 1 2 Somewhat Helpful 3 4 Very Helpful 5

4. How comfortable do you now feel leaving your child with someone else (a caregiver)?
   Uncomfortable 1 2 Somewhat Comfortable 3 4 Very Comfortable 5

5. Since the Partners workshop have you found a caregiver? _____ Yes _____ No

6. In the last three months, how many times have you used respite care? 0 1-3 4-6 6 and up

7. In the last three months, did you want respite, but could not find someone? _____ Yes _____ No

OVER

8. In the last three months, how many times did caregivers cancel? 0 1-3 4-6 6 and up

9. Are you having any of the following problems finding good care for your child(ren)?

______ Caregiver would not care for your child(ren)
______ Caregiver would not follow your instructions
______ Caregiver had insufficient skills
______ Caregiver would not handle emergencies
______ Other (please specify):

____
____
____

	Not Helpful		**Somewhat Helpful**		**Very Helpful**
10. How helpful was the *Family Manual*?	1	2	3	4	5

Thank You!

Please return this survey to:

TRAINER NEEDS SURVEY

Name: Date:

Location:

To help us provide the information you will need to deliver training, please take time to complete the following survey:

Your title:

Length of time in position:

Job responsibilities:

Do you have prior experience training? Yes ☐ No ☐
If yes, please describe your experience.

Do you have prior experience working with families and/or caregivers? Yes ☐ No ☐
If yes, please describe your experience.

Do you have prior experience working with young children? Yes ☐ No ☐
If yes, please list the children's ages and describe your experience.

Do you have prior experience working with children with special needs? Yes ☐ No ☐
If yes, please describe your experience.

Please indicate your need for information in order to effectively train participants in each area:

RESPITE	I Have Enough	I Would Like More
The definition of respite	________	________
The benefits of respite care for:		
families	________	________
caregivers	________	________
children with special needs	________	________
Barriers to families who want respite	________	________

THE PARTNERS PROGRAM	I Have Enough	I Would Like More
The Partners model of respite training	________	________
Your community's Partners program	________	________
The Partners manuals	________	________

COMMUNICATION	I Have Enough	I Would Like More
Verbal communication	________	________
Nonverbal communication	________	________
Cultural differences in communication	________	________
The six messages of communication	________	________
Facilitating the communication activity	________	________

BUILDING PARTNERSHIPS	I Have Enough	I Would Like More
Families' need for respite	________	________
Other family issues	________	________
Sharing personal stories	________	________
Facilitating discussion around perspectives	________	________

Please indicate your need for information in order to effectively train participants in each area:

Attitudes, feelings, and concerns that caregivers may have about working with children with special needs	________	________
Strategies to prevent caregiver burnout	________	________

ALL KIDS LIKE COOKIES (AKLC)	I Have Enough	I Would Like More
Facilitating the AKLC activity	________	________
Debriefing with participants	________	________

DISABILITES AWARENESS	I Have Enough	I Would Like More
Services for children under the Individuals with Disabilities Education Act (IDEA)	________	________
What is meant by an Individualized Family Service Plan (IFSP)	________	________
Transition	________	________
Accessibility	________	________
Person-first Terminology	________	________

UNDERSTANDING CHILD DEVELOPMENT	I Have Enough	I Would Like More
The five areas of child development	________	________
How children typically develop	________	________
How development can be affected when children have special needs	________	________
The importance of play	________	________
Guidelines for play	________	________

SPECIAL NEEDS	I Have Enough	I Would Like More
Common Disabilities	________	________

If you need more information on specific disabilities, please list:

____

Please indicate your need for information in order to effectively train participants in each area:

SPECIAL NEEDS	I Have Enough	I Would Like More
Common special health care needs	________	________

If you need more information on specific health needs, please list:

____

SPECIAL NEEDS	I Have Enough	I Would Like More
Gathering child-specific information from families	________	________

BECOMING A CAREGIVER	I Have Enough	I Would Like More
How caregivers can contribute to individualized training	________	________
How caregivers match with families of respite	________	________

FINDING RESPITE CAREGIVERS	I Have Enough	I Would Like More
Determining important qualities for respite caregivers	________	________
Recruiting caregivers from the community	________	________
Recruiting caregivers through Partners	________	________
Facilitating the Circles activity	________	________

INTERVIEWING CAREGIVERS	I Have Enough	I Would Like More
Ways to interview caregivers	________	________
Tips for interviewing caregivers	________	________

DEVELOPING AN INDIVIDUALIZED TRAINING PLAN	I Have Enough	I Would Like More
The four-step process for teaching caregivers about daily routines	________	________

Please indicate your need for information in order to effectively train participants in each area:

DEVELOPING AN INDIVIDUALIZED TRAINING PLAN	I Have Enough	I Would Like More
Identifying training goals	____	____
Listing training methods	____	____
Using resources	____	____
Evaluating	____	____
Principles for teaching adults	____	____
Sharing emergency information and household rules with caregivers	____	____

USING DAILY ROUTINES TO DEVELOP AN INDIVIDUALIZED TRAINING PLAN	I Have Enough	I Would Like More
Facilitating the Daily Routines activity	____	____

GENERAL TRAINING INFORMATION	I Have Enough	I Would Like More
Preparing the room for training	____	____
Overheads/Flip charts	____	____
Agendas	____	____
Handouts	____	____
Ice breakers	____	____
Concluding statements	____	____

Other:

Partners Plus **Trainer's Workshop Manual Evaluation**

Name:______________________________ Date: ____________________

Name of Community:____

Thank-you for taking time to help us evaluate the **Trainer's Workshop Manual**. Your ideas will be used to help us improve the Manual. Please circle your responses.

Rating scale for questions 1 through 3:		**1** **Poor**	**2**	**3** **Good**	**4**	**5** **Excellent**
1.	Organization of the Manual	1	2	3	4	5
2.	Format of the Manual	1	2	3	4	5
3.	Appearance of overheads and supplemental materials	1	2	3	4	5
4.	Overall quality of the Manual	1	2	3	4	5
Rating scale for questions 5 through 10:		**1** **Not at all**	**2**	**3** **Somewhat**	**4**	**5** **Fully**
5.	Was the information clear?	1	2	3	4	5
6.	Was the information useful?	1	2	3	4	5
7.	Did the Manual sufficiently prepare you to conduct a Partners group training?	1	2	3	4	5
8.	Did you feel comfortable with the process and flow of training?	1	2	3	4	5
9.	Did the manual prepare you to help participants use the Family and Care giver manuals?	1	2	3	4	5
10.	Did the Manual successfully prepare you to answer participant questions?	1	2	3	4	5
11.	Did you read the entire Manual?	☐ Yes			☐ No	

12. At what point would it have been most helpful for you to receive the manual?

13. What would you add to the manual?

14. What would you delete from the manual?

15. Please list other suggestions for improving the Partners Trainers Manual:

Partners Plus **Evaluation of Community Implementation Process**

*For Site Contact Person

Number of Partners workshops held to date: _____ Number of people trained as Partners trainers: ____

Number of families trained to date: _____ Number of caregivers trained to date: _____

Number of other individuals: ______ Total trained: ______

Please list the agency/organizations that have contributed to establish your Partners program

Name of Agency	Type of Agency (EI, Education, Health, MH/MR etc.).	Resources Provided (Financial, Space, Personnel, Materials, etc.)	Member of Planning Group?	
			Yes	No

Continue on the back of this page if necessary.

Partners Plus **Evaluation of Community Implementation Process**

Name: ______________________________

Name of Field -Test Community: ______________________________

Name of Your CDR Partners Contact Person: ______________________________

Date: ____________________

Please use this form to evaluate the Partners Community Implementation Process. For the following questions, the term "CDR Partners staff" refers to the individuals from Child Development Resources who provided training and technical assistance to your community. Please circle the number that best describes your agreement with the following statements:

Our Community was adequately prepared to:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Identify appropriate members for the Local Planning Group (LPG) meeting	1	2	3	4	5	NA
Host the LPG meeting	1	2	3	4	5	NA
Recruit families and caregivers for workshops	1	2	3	4	5	NA
Organize/carry out Partners workshops	1	2	3	4	5	NA
Identify trainers willing to plan and facilitate Partners workshops	1	2	3	4	5	NA
Provide support to families and caregivers in matching for respite	1	2	3	4	5	NA
Provide support to families and caregivers in individualized training	1	2	3	4	5	NA
Collect evaluation data	1	2	3	4	5	NA

Please add your comments on the back of this page. If you rated any item as "3" or below, we are particularly interested in your comments.

CDR Partners Staff:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Provided the necessary information and materials For us to replicate the Partners respite model	1	2	3	4	5	NA
Were available to schedule additional meetings on-site	1	2	3	4	5	NA
Were available to answer questions and address concerns over the phone	1	2	3	4	5	NA
Were able to address our community's special issues and concerns	1	2	3	4	5	NA

How were CDR Partners staff most helpful to you?

What could CDR Partners staff have done to be more helpful?

Please add your comments to the back of this page. If you rated any item as "3" or below, we are particularly interested in your comments.

The *Family Manual*:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Is useful	1	2	3	4	5	NA
Is complete	1	2	3	4	5	NA

How can we make the ***Family Manual*** more useful or complete?

The ***Caregiver Manual***:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Is useful	1	2	3	4	5	NA
Is complete	1	2	3	4	5	NA

How can we make the ***Caregiver Manual*** more useful or complete?

The *Trainer's Guide*:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Is useful	1	2	3	4	5	NA
Is complete	1	2	3	4	5	NA

How can we make the ***Trainer's Guide*** more useful or complete?

The *Community Manual*:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Is useful	1	2	3	4	5	NA
Is complete	1	2	3	4	5	NA

How can we make the ***Community Manual*** more useful or complete?

The Partners model of respite training:	***Strongly Disagree***		***Agree***		***Strongly Agree***	
Helps caregivers and families meet the needs of children and families	1	2	3	4	5	NA
Helps families in our community find respite caregivers	1	2	3	4	5	NA
Helps families meet other families	1	2	3	4	5	NA
Fosters continued collaboration among agencies/organizations	1	2	3	4	5	NA

Please add any additional strengths or advantages to the use of the Partners model in your community.

What barriers, if any, were identified in the implementation of the Partners model?

If barriers were identified, what strategies were used to overcome them?

Continue on back of page if necessary.

Is the Partners model cost effective for communities and families? Yes_____ No _____

Will your community continue to use the Partners model in the upcoming year (your first year without CDR Partners training and technical assistance)? Yes_____ No _____

Please Comment

If so, what is the workscope of your Partners program in the next year?

How many Partners workshops does your community expect to hold in the next year? ____________

Will your LPG continue to meet as a team? Yes_____ No _____

Please comment

What kind of continuing support to families and caregivers will you provide?

Please Comment

Please provide additional information regarding your upcoming workscope.

What other information would you like to share with us?
Continue on the back of this page if necessary.

Thank You!

APPENDIX D

Partners Plus Local Planning Group Planning Packet

Partners Plus LPG Meeting Record of Attendance
Notes
"Polling Community Resources to Train Caregivers: A Family-Centered Approach"
Components of Partnership
Sample Agenda for Local Planning Group (LPG) Meeting
Facts About Child Development Resources
Partners Outreach Staff
Please Tell Us About You
What Is Respite Care?
Meeting Objectives
Partners Model of Respite
Partners Plus Family Curriculum
Partners Plus Caregiver Curriculum
Flow of Workshop Diagram
The Replication Process Diagram
Partners Community Implementation Process
Partners Plus Replication Agreement
Developing Your Partners Program: Replication Plan
Implementing Partners: Task Assignments for the Workshop
Partners Plus Workshop Pre-Registration
Checklist of Materials and Equipment for Partners Workshop
Partners Evaluations Data Checklist and Instructions for Replication Trainers
In Kind Match Form

PARTNERS PLUS LPG MEETING RECORD OF ATTENDANCE

LOCATION:____________________ DATE:________________

TRAINERS:______________________________

NAME	ADDRESS	PHONE	FAX	EMAIL

Child Development Resources, Partners Plus, 1490 Government Road, Williamsburg VA 23185

Rev. 03/20/00

NOTES

Pooling Community Resources to Train Caregivers: A Family-Centered Approach

by Amanda Perez and Lisa Ownby

At a time when family support programs must make the most of decreasing fiscal resources, respite programs must use innovative strategies to address family needs. Communities often have natural, underutilized resources for preparing caregivers for work in respite. Families, the experts on their children, are the obvious choice to take the lead in training their caregivers. In addition, respite programs can work collaboratively with other community agencies to offer appropriate training opportunities to caregivers.

Traditional respite training programs invest considerable time and energy in giving caregivers general information on disabilities. While this information is undoubtedly helpful, general training leaves caregivers largely unprepared to meet the respite needs of individual children. Not only do disabilities and special health care needs affect children differently, but children express their individuality in a variety of ways, few of which relate to their special needs. Families, intimately familiar with the many details of their childrens care and caregiving routines, are the obvious choice to train respite caregivers for their children. Family-driven respite training enables caregivers to learn to care for specific children from the experts, at little cost to respite programs. Families may lack expertise in training adults, but with a little support and information they can prepare caregivers to provide respite care for their children.

After family-driven training, caregivers, like other professionals, value and benefit from continuing staff development. While there is a tremendous range in the ways in which services are delivered across the nation, communities often have a wealth of training resources available to them. Respite programs can creatively partner with other agencies to open available training opportunities to respite caregivers. Potential resources are listed below.

Community Resources Providing Additional Training to Caregivers

- Red Cross
- Department of Parks and Recreation
- Child care information and referral
- Educational agencies (i.e., Parent Resource Centers)
- Child care programs
- Colleges and universities
- Human services organizations
- Disability service and advocacy groups
- Family support and education groups
- Extension offices
- Health services agencies

Partners Plus, a respite program at Child Development Resources in Williamsburg, VA, can help your community identify and use its resources to support families and caregivers in respite. Partners has developed a successful model based on the principle that, with community support, families make the best trainers for their respite caregivers. Partners offers training, technical assistance and resource manuals to families, caregivers and communities. The program is now field-testing the model throughout Virginia, and plans to offer assistance in model replication in other states. If you are interested in learning more about how your community can implement the Partners model, call Lisa Ownby, project Coordinator, at (757) 220-1168.

ARCH

NETWORK NEWS

Network News is published quarterly by the ARCH National Resource Center for Respite and Crisis Care Services, a division of the National Respite Network. Please submit articles, photos, calendar information, resource information, and other Respite/Crisis Care news to:

Network News
ARCH National Resource Center for
Respite and Crisis Care Services
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Chapel Hill, NC 27514
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Deadline for
next issue
November 8, 1999.

BEST COPY AVAILABLE

Components of Partnership

Although each partnership is unique in accordance with its membership, goals, interests, and expertise, there are certain basic elements of agreements essential for partnership success.

Common Goals - partners must agree upon the common purposes of their association, as well as the outcomes it is hoped the partnership will produce.

Common Language - partners agree to avoid use of the cultural or academic jargon that can separate associates. Key language used by partners must be examined and meanings agreed upon.

Shared Experience - involves agreement by partners to share their individual experiences as well as to create opportunities for joint involvement.

Established Systems of Communication - since communication failures are at the heart of many problems, it is essential for partners to identify their communication needs and the techniques and occasions for conveying information, to one another.

Respect for Individual Strengths/Acceptance of Weaknesses - acknowledgment of each partner's uniqueness and willingness to defer to the expertise of others is an essential partnership component.

Shared Responsibility for Success and Failures - partners must acknowledge that not all plans and programs are successful. A critical ingredient of successful partnership is sharing the credit for success and avoiding blame placing.

Loyalty to the Partnership - this may well be the key component for a winning partnership. It involves commitment to the group's gas and the idea of placing the good of the partnership before individual concerns, in most circumstances.

Agreement to Disagree/Compromise - partners must be willing to disagree without sacrificing the group and to compromise when there is no winning point. It is a significant step in development to recognize that growth can emerge from compromise.

Equal Contribution over Time - each partner must have the opportunity to make contributions he or she is comfortable with. No one partner should feel that he or she contributes significantly more than the others.

Agreement on the Type and Frequency of Partnership Evaluations - all partnerships require regular assessment to determine where the group goals and individual satisfaction are being achieved. Goals also need regular updating. New partners will periodically be admitted to the association, causing changes in the way partners interact and introducing new conditions and situations requiring evaluation into the relationship.

Adapted from L, Durant and K. Watkins, *"Developing Professional Partnerships in Early Childhood Settings," in Target I*, Vol. 2, Part II, ed. Marian Taylor Giles. Amarillo, TX: Teaching Pathways, Inc., 1983, pp, 221-230.

Partners Plus
Redefining Respite

Location
Local Planning Group Meeting
Date

AGENDA

- Introductions
- Review Objectives for This Meeting
- Partners History
- Partners Model
  - 5 Steps
  - Workshop Objectives
- Overview of Partners Community Replication Process
- Developing Your Partners Program
  - LPG member level of commitment
  - Signing Replication Agreement
- Planning Your Replication
- Planning Your First Partners Workshop
- Evaluations
- Discuss Future Plans and Next Steps

Facts About

CHILD DEVELOPMENT RESOURCES

CDR's Mission

- CDR is a private, nonprofit agency that provides services for young children and their families in the community and training for early childhood professionals throughout the nation.

Child and Family Services

- CDR's Infant–Parent Program, a contract service of the Colonial Community Mental Health, Mental Retardation and Substance Abuse Services Board, each year provides early intervention services to 150 infants and toddlers with disabilities and their families and developmental screenings for 250 more! The program is a model that has been replicated throughout the nation.
- CDR's First Steps Child Care and Development Center at Griffin–Yeates serves 48 children in a nationally accredited, full-day, year-round program of quality, affordable care. First Steps classrooms at Lafayette and Jamestown high schools provide year-round care and a supervised hands-on learning experience for high school students enrolled in parenting education classes.
- CDR's Child Evaluation and Therapy Center provides speech therapy for children birth to early adolescence.
- CDR's Friends of the Family, supported by the Williamsburg Community Health Foundation, links families of children under 6 with community services and visits new parents and their babies at home.
- Early Head Start, funded by the U. S. Department of Health and Human Services' Head Start Bureau, gives the best start to 66 pregnant women, infants, and children under 3 and their families.
- CDR's new Benchmarks project will develop national standards of recommended practice for including children with disabilities in preschools and child care and will develop training based on those standards.
- CDR coordinates an interagency coalition of early childhood service providers.

Training and Technical Assistance Programs

- CDR's training programs are designed to improve and increase services for young children with disabilities in our community, in the Commonwealth of Virginia, and throughout the United States. Currently, CDR provides training for
    - almost 3,000 child care providers in Virginia and seven other states,
    - pediatricians and family physicians in Virginia and 12 other states and jurisdictions,
    - pediatric nurses and nurse practitioners in Virginia,
    - 237 Head Start and Early Head Start programs in six mid-Atlantic states, and
    - communities interested in CDR's Partners model for expanding family respite options.
- CDR's Training Center generates earned income in support of agency operations through an annual Summer Institute, workshops, on-site consultations, and sale of videos and print materials produced by CDR.

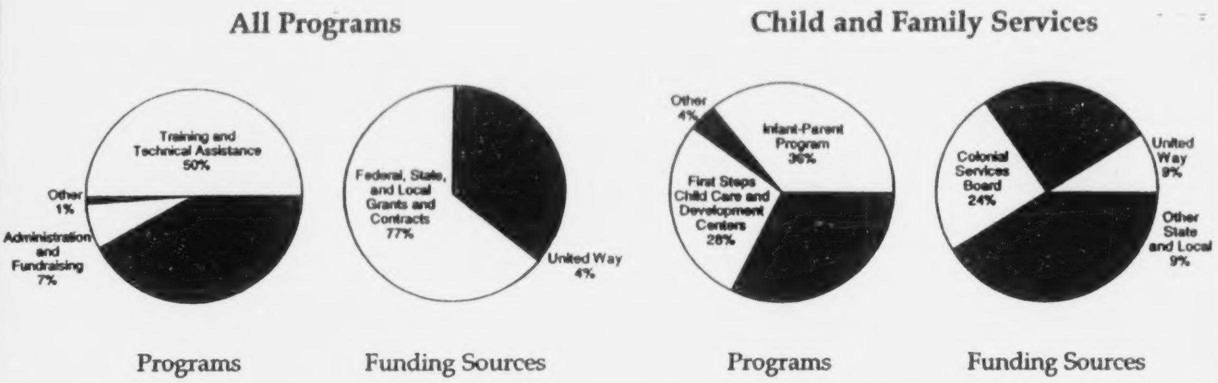
Significant Dates

- In 1966, CDR was founded as the Williamsburg Preschool for Special Children by community volunteers. Ten years later, the preschool had achieved national model status.
- In 1977, in response to legislation guaranteeing a free and appropriate public education for Virginia's children with disabilities age 2 and older, the preschool began serving infants and toddlers and expanded its mission to include training for professionals.
- In 1978, the preschool won its first federal training grant to replicate its family-centered model of services and changed its name to Child Development Resources to reflect its newly defined purpose.
- In 1995, with help from a challenge grant from The Kresge Foundation and a caring community, CDR moved to a new, specially designed facility in Norge, Virginia. Today, CDR seeks to acquire new space to house its still growing services.

Indicators of Excellence

- Since 1978, CDR has provided training and technical assistance to 40 early intervention programs in Virginia, to hundreds of programs throughout the country and internationally, and to thousands of early childhood and health care professionals.
- CDR has won national recognition for the quality of its early intervention program, which has been replicated throughout the country.
- Materials developed by CDR are used in all 50 states and in several countries.
- Between 1988 and 1999, CDR received 27 competitive grants totaling $10.8 million to develop materials and to provide training to early intervention and early childhood professionals throughout the country.

CDR's Annual Operating Budget
1998–1999



Financial Information

- CDR's services for children are funded by a variety of sources, including federal, state, and local tax dollars, United Way, health insurance, family fees based on ability to pay, and your contributions.
- CDR's training programs are supported entirely through grants, contracts, and fees.
- Only 7% of CDR's total operating budget was used for administration and fund-raising.

Staff Qualifications

- CDR's Infant-Parent Program and training staff are highly trained professionals, most of whom hold advanced degrees in nursing, social work, therapies, and early childhood special education.
- CDR's team works closely with each child's primary care physician. A pediatric neurologist and other medical specialists consult regularly with CDR's team.
- CDR's First Steps Child Care and Development Centers are staffed by skilled and experienced teachers and assistants who hold degrees or child development credentials.

Administration

- CDR is governed by a self-sustaining board of directors representing consumers and the business, public, and private sectors of the community. An executive director serves as chief executive officer. For more information, call (757) 566-3300.

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November 1999 (AZW)

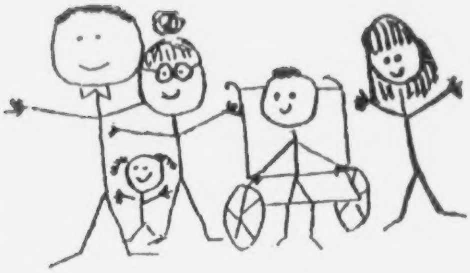
Partners Outreach Staff

Lisa Ownby
Project Coordinator

Dee Moore
Project Consultant

Katy Gilliam
Project Consultant

Sherry Bownes
Secretary



Child Development Resources
1490 Government Rd.
Williamsburg, VA 23185
Phone: (757) 220-1168
Fax: (757) 253-1779
E-mail: ppcdr@tni.net

Now that you know something about our agency and us, we would like to know more about each of you.

Please tell us:

⇨ **Who you are**

⇨ **What respite means to you**

⇨ **Why you are here**

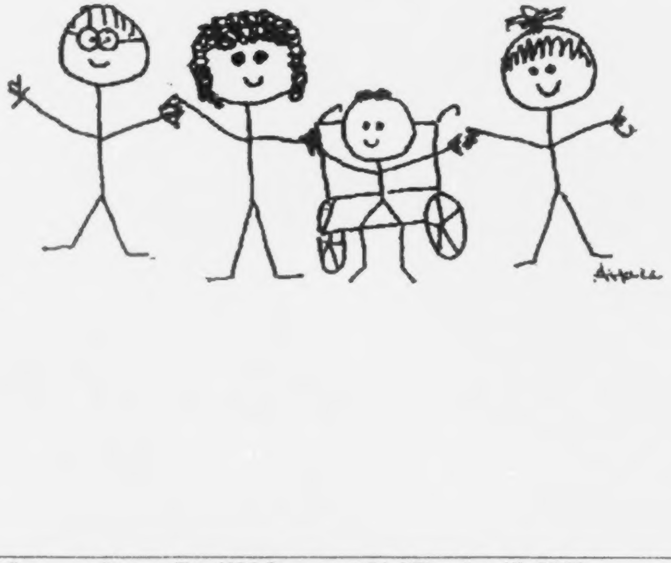
What is Respite Care?

Respite care is temporary care that gives families a break from the daily responsibilities of caring for family members with special needs.

MEETING OBJECTIVES

During today's meeting, you will:

- Develop a clear understanding of the Partners model of respite .
- Learn about the Partners Community Implementation Process and the roles and responsibilities of CDR's Partners staff and LPG members in implementing the model in the community
- Begin the process of determining how Partners will be implemented in this community, and
- Plan and determine roles and responsibilities for the first Partners workshop in this community.



Partners Model of Respite

STEP 1	**Recruit families and caregivers**
STEP 2	**Conduct Partners workshop**
STEP 3	**Help families choose caregivers**
STEP 4	**Support families as they train their own caregivers**
STEP 5	**Provide continuing support**

Partners Plus Family Curriculum

The ***Family Manual*** can be used as a resource for individual study or as a workbook during a Partners workshop. The manual and curriculum are designed to provide families with basic information on how to find and teaching others to care for their children with special needs for temporary periods of time. During the field testing phase of the use of this manual, Partners project staff asked families to give their feedback in a formal evaluation process. Some of their comments were... ***"the list of interview questions will help me a lot,".. "all the forms I will ever need are in this workbook,"... "easy to use and understand."***

The Introduction gives families an overview of the Partners model, its' history and development. The replication process for communities interested in implementing the Partners model is described, along with the four manuals contained in the *Partners Guide*.

Section 1 - About Respite

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ be able to define respite care and identify the benefits to families, children, and caregivers. ~ know how families drive family-centered services, and what rights and responsibilities they have as participants in family-centered systems. ~ understand the Partners model of respite care.	~Lecture ~Discussion ~Activity	Approximately: 30 minutes

Section 2 - Building Partnerships: Communication

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ know the importance of clear and open communication in a respite relationship. ~ know the variety of ways that people send and receive messages. ~ be able to recognize and mend communication breakdowns. ~ practice communication skills.	~Lecture ~Discussion ~Activities	Approximately: 45 minutes

Section 3 - Building Partnerships: Working Together

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ become more aware of the perspectives of families with children with special needs. ~ recognize families' need for respite and the value of the service that respite caregivers provide. ~ understand the importance of learning about a family's experience from the family.	~Lecture ~Discussion	Approximately: 45 minutes

Section 4 - All Kids Like Cookies

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ have firsthand experience of some of the challenges faced by children with special needs. ~ be able to identify the ways in which children with special needs adapt to their environments.	~Lecture ~Discussion ~Activity	Approximately: 45 minutes

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Section 5 - Finding Respite Caregivers

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ develop strategies for finding appropriate respite caregivers. ~ identify potential caregivers in their natural support networks. ~ know strategies for finding respite caregivers.	~Lecture ~Discussion ~Activity	Approximately: 20 minutes

Section 6 - Interviewing Caregivers

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ identify what questions to ask caregivers in interviews. ~ understand different options for conducting interviews. ~ know other strategies for gathering information on caregivers.	~Lecture ~Discussion	Approximately: 15 minutes

Section 7 - Developing a Personalized Training Plan

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ be prepared to teach their caregivers to care for their children. ~ understand the four step process for teaching daily routines to caregivers. ~ know some principles for teaching adults. ~ understand the importance of sharing emergency procedures and household rules with caregivers.	~Lecture ~Discussion ~Activity	Approximately: 25 minutes

Section 8 - Resources

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ understand the importance of practicing universal precautions. ~ know where to obtain more information to help them teach caregivers about caring for their child.	~Lecture ~Discussion	Approximately: 10 minutes

Section 9 - Forms for Sharing Information

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ become familiar with forms they can use for sharing information about caring for their child.	~Lecture ~Discussion	Approximately: 10 minutes

Final Activity - Using Daily Routines to Develop a Personalized Training Plan

Objectives	Teaching Method	Contact Time
As a result of this section, families will: ~ practice developing a personalized training plan using a child's daily routines.	~Lecture ~Discussion	Approximately: 30 minutes

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Partners Plus Caregiver Curriculum

The *Caregiver Manual* can be used as a resource for individual study or as a workbook during a Partners workshop. The manual and curriculum are designed to provide potential caregivers with basic information on caring for young children with special needs and supporting families. During the field testing phase of the use of this manual, Partners project staff asked caregivers to give their feedback in a formal evaluation process. Some of their comments were...*"great detail, very complete,... "simplicity, easy to understand,"..."very organized, easy to read, thorough, specific and informative."*

The Introduction gives caregivers an overview of the Partners model, its' history and development. The replication process for communities interested in implementing the Partners model is described along with the four manuals contained in the *Partners Guide.*

Section 1 - About Respite

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ be able to define respite care and identify the benefits to families, children, and caregivers. ~ know how families drive family-centered services, and what rights and responsibilities they have as participants in family-centered systems. ~ understand the Partners model of respite care.	~Lecture ~Discussion ~Activity	Approximately: 30 min.

Section 2 - Building Partnerships: Communication

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ know the importance of clear and open communication in a respite relationship. ~ know the variety of ways that people send and receive messages. ~ be able to recognize and mend communication breakdowns. ~ practice communication skills.	~Lecture ~Discussion ~Activities	Approximately: 45 min.

Section 3 - Building Partnerships: Working Together

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ become more aware of the perspectives of families with children with special needs. ~ recognize families' need for respite and the value of the service that respite caregivers provide. ~ understand the importance of learning about a family's experience from the family.	~Lecture ~Discussion	Approximately: 45 min.

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Section 4 - All Kids Like Cookies

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ have firsthand experience of some of the challenges faced by children with special needs. ~ be able to identify the ways in which children with special needs adapt to their environments.	~Lecture ~Discussion ~Activity	Approximately: 45 min.

Section 5 - Disabilities Awareness

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand common terms, services, and issues related to children with special needs.	~Lecture ~Discussion	Approximately: 15 min.

Section 6 - Understanding Child Development

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand the basics of child development. ~ be aware of the importance of play and enriching environments for child development.	~Lecture ~Discussion	Approximately: 15 min.

Section 7 - Children with Special Needs

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand basic information about common special needs. ~ be aware of the basic developmental and medical effects of common special needs on children. ~ understand what caregivers may be asked to do when they care for children with common special needs.	~Lecture ~Discussion	Approximately: 15 min.

Section 8 - Becoming a Caregiver

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand how caregivers can become active members of a respite partnership in the Partners program. ~ understand how caregivers can contribute to personalized training. ~ know how to match with families for respite	~Lecture ~Discussion	Approximately: 10 minutes

Section 9 - Resources

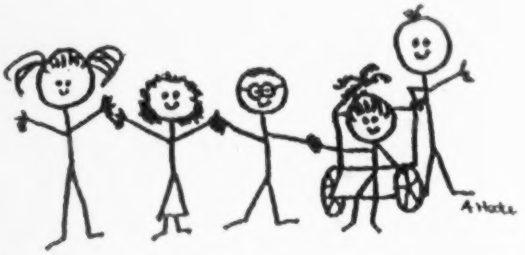
Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ understand the importance of practicing universal precautions. ~ know where to obtain more information to help them care for children with special needs.	~Lecture ~Discussion	Approximately: 2 minutes

Section 10 - Forms for Sharing Information

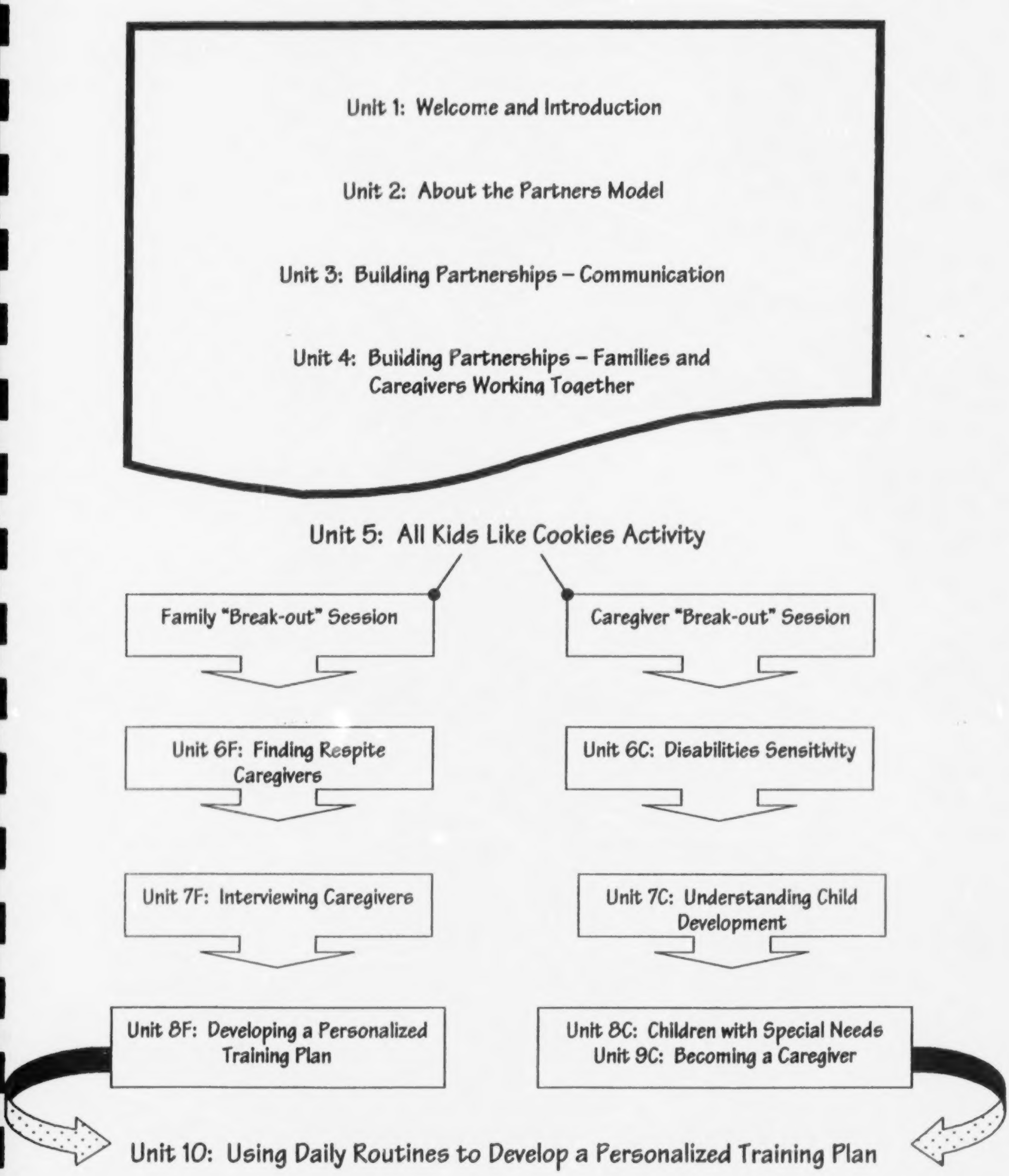
Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ become familiar with the forms families may use to share information about caring for their child.	~Lecture ~Discussion	Approximately: 2 minutes

Final Activity – Using Daily Routines to Develop a Personalized Training Plan

Objectives	Teaching Method	Contact Time
As a result of this section, caregivers will: ~ have the opportunity to practice participating in a personalized training plan.	~Lecture ~Discussion	Approximately: 2 minutes

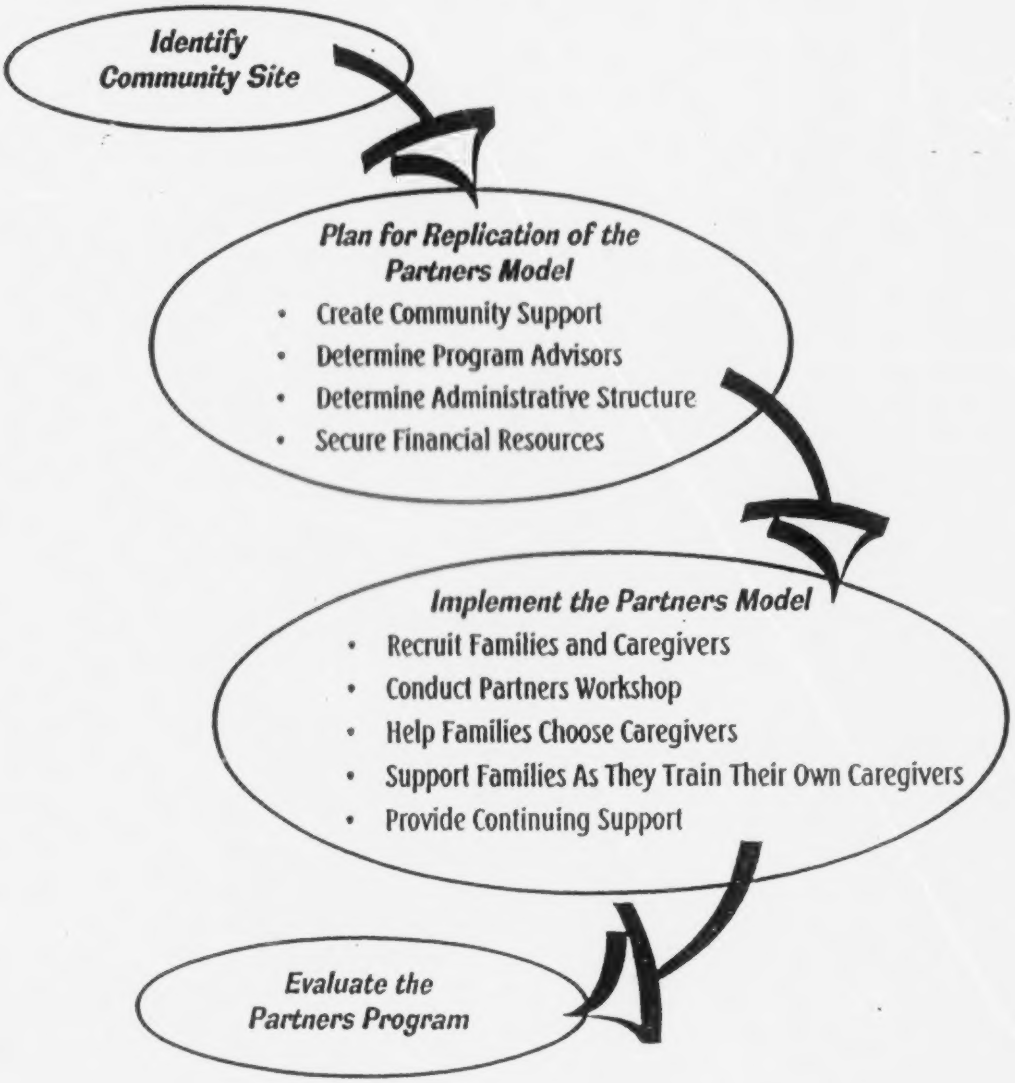


FLOW OF WORKSHOP


Unit 1: Welcome and Introduction
Unit 2: About the Partners Model
Unit 3: Building Partnerships – Communication
Unit 4: Building Partnerships – Families and Caregivers Working Together
Unit 5: All Kids Like Cookies Activity
Family "Break-out" Session
Caregiver "Break-out" Session
Unit 6F: Finding Respite Caregivers
Unit 6C: Disabilities Sensitivity
Unit 7F: Interviewing Caregivers
Unit 7C: Understanding Child Development
Unit 8F: Developing a Personalized Training Plan
Unit 8C: Children with Special Needs
Unit 9C: Becoming a Caregiver
Unit 10: Using Daily Routines to Develop a Personalized Training Plan

The Replication Process

Partners Community Implementation Process



Identify Community Site

Plan for Replication of the Partners Model

- Create Community Support
- Determine Program Advisors
- Determine Administrative Structure
- Secure Financial Resources

Implement the Partners Model

- Recruit Families and Caregivers
- Conduct Partners Workshop
- Help Families Choose Caregivers
- Support Families As They Train Their Own Caregivers
- Provide Continuing Support

Evaluate the Partners Program

Partners Community Implementation Process

Step 1: Identify Community Site

In this step, Partners sites will:

- ✓ Coordinate with the agencies responsible for before and after school services, parks and recreation, and agencies or organizations supporting families and children with disabilities and others as appropriate.
- ✓ Obtain commitment from Part C, LICC, and/or LEA to participate in planning
- ✓ Identify families and other key personnel to assist in planning
- ✓ Commit to plan workshops that are accessible to families and caregivers (alternate times and locations, provide child care, hold training at disabilities accessible locations, etc.)
- ✓ Identify a family-professional team to conduct Partners workshops
- ✓ Identify fiscal resources
- ✓ Commit to data collection for evaluation of Partners replication,
- ✓ Identify a single agency responsible to be replication liaison with CDR's Partners Plus

Step 2: Plan for Replication of the Partners Model

In this step, Partners sites will:

- ✓ Sign the replication agreement
- ✓ Identify the local planning group (LPG), and
- ✓ Develop the plan for replication:

- Initial LPG meeting: CDR Partners staff meets with the LPG to fully explain the model and the community implementation process, and to begin working with the team to plan for Partners implementation in the community.

  - Community planning: The LPG continues to plan implementation as they organize the initial workshop. CDR Partners staff will be available to provide technical assistance to the LPG as they build their community's implementation plan (on-site visits, over the telephone, provision of resource materials, etc.).

  - Plan modification: Plans can and should be changed to make the best use of available resources and better serve families, children, and caregivers. Throughout the year, the LPG will continue to discuss progress and plan as a team.

Step 3: Implement the Partners Model of Respite

In this step, Partners sites will:

- ✓ Receive replication materials, including the Family Manual, the Caregiver Manual, the Community Planning Manual, the Trainer's Workshop manual, and evaluation measures.
- ✓ Learn how to conduct a Partners workshop using the train-the-trainer approach, outlined below:

- Modeling: The LPG plans the first training for families and caregivers in their community. CDR Partners staff conduct the workshop, as replication trainers participate, observe, and learn. CDR Partners staff debrief with replication trainers after the workshop.

- Coaching: The LPG plans and markets their community's second training. Replication trainers conduct the workshop, as CDR Partners staff observes (optional).

- Supporting: CDR Partners staff provide technical assistance (TA) to replication trainers as needed/requested, and maintain six to 12 month TA relationship with CDR Partners staff (on-site visits, over the telephone, provision of resource materials, etc.). Additionally, replication trainers continue to conduct workshops with support from their LPG.

Step 4: Evaluate Partners Model Replication

In this step, Partners sites will:

- ✓ Administer pre- and post- caregiver knowledge and comfort surveys
- ✓ Conduct initial and follow-up surveys of families, measuring their access and comfort with respite options before and after Partners group workshops
- ✓ Conduct follow-up surveys for caregivers, measuring their comfort in caring for children to CDR Partners Project with special needs and working with families
- ✓ Submit data for analysis
- ✓ Review workshop evaluation data during debriefing with Partners Plus trainers, and use this data to improve training
- ✓ Review and evaluate the Community Planning Manual and Trainer's Workshop Manual
- ✓ Evaluate the Partners Community Implementation Process and the work of the CDR Partners staff in helping your community implement the Partners model of respite

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Partners Plus Replication Agreement

This agreement is between Child Development Resources' (CDR) Partners Plus Project and the ____ Local Planning Group.

I. Partners Plus Project Commitment

Partners Plus will provide the following services to assist the above-named site in replicating the Partners Plus model of respite training for families and caregivers:

- Provision of set of four manuals to include a Family Manual, a Caregiver Manual, a Community Planning Manual, and a Trainers' Workshop Manual
- Assistance in identifying and developing a local planning group (LPG) responsible for replication of the model
- Assistance in developing a plan for replication of the Partners Plus model to include: arrangements for training, determining number and location of workshops, ensuring full accessibility, developing dissemination strategies, and selection and training of Partner's Workshop trainers
- Provision of data collection forms
- Continuous technical support to ensure successful replication of the Partners Plus model for up to one year
- Other as appropriate

II. Local Planning Group Commitment

The local planning group named above agrees to replicate the Partners Plus model of respite care for families and caregivers and agrees to:

- Identify an agency/organization to serve as a liaison with the Partners Plus project
- Identify a home for the Partners project
- Provide financial resources (in-kind and monetary) to cover the costs associated with training including, but not limited to: Partners project staff and travel (transportation, lodging, per diem); purchase of or duplication of training manuals; cost for use of training space and refreshments; cost of personnel time and benefits
- Identify a parent/professional training team

- Collect data and forward to CDR's Partners Plus Project using evaluation instruments provided by the project.
- Ensure training is accessible to families and caregivers and provide accommodations as requested
- Other as negotiated.

Signature of Partners Plus Representative Date

Signature of Local Planning Group Representative Date

Developing Your Partners Program: Replication Plan

Site:____________________________ Contact:____________________________

Commitments to Activities/Tasks	LPG Members Responsible	Timelines
ome		
Maintaining directories		
Fielding Inquiries		
Registering Participants for workshops and performing follow-up calls for confirmation of attendance		
Postage for mailing		
Resource library		
Data base		
Program coordinator and/or other support staff		
Background checks		
Who will you serve (ages) (disabilities)		
Identify program advisors (optional)		

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Developing Your Partners Program: Replication Plan

Site:______________________________ **Contact:**____________________________

Commitments to Activities/Tasks	LPG Members Responsible	Timelines
Public Relations Marketing to recruit amilies, caregivers, & community upport. Flyers Brochures Presentations Media relations Donations/sponsors		
inancial Resources to cover xpenses (monetary, non-monetary) Space Refreshments Child care Training supplies Manuals Trainer time Program Staff (coordinator, trainer, secretary)		

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Implementing Partners:
Task Assignments for the Workshop

Site: ____________________________ Contact: ____________________________

Activity	Person Responsible/ Comments	Timelines	Status
Schedule Partners Workshop ▪ trainers ▪ date ▪ location ▪ time		At least 6 weeks prior to workshop	
Develop workshop announcement and distribute		Six week prior to workshop	
Promote Community Awareness (press releases. presentations)		Press Releases 2 weeks prior to workshop; Presentations throughout 6 weeks prior to workshop	
Recruit families and caregivers		Begin 6 weeks prior to workshop; Continue until you reach maximum attendance and then place people on waiting list	
Register workshop participants and create/maintain database		Throughout 6 weeks prior to workshop	
Plan child care for workshop Register children Recruit caregivers		As families pre-register for workshop determine child care needs	
Produce Family and Caregiver Manuals		One to 2 weeks prior to workshop or according to printer's schedule	

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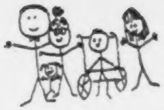

PARTNERS PLUS WORKSHOP PRE-REGISTRATION

DATE ____________________ LOCATION ________________________________

NAME	F or C	PHONE	ADDRESS	CHILD CARE NEEDED OR OTHER ACCOMODATIONS

Child Development Resources, Partners Plus, 1490 Government Road, Williamsburg VA 23185

Rev. 3/9/00

Checklist of Materials and Equipment For Partners Workshop

DATE: ______________ TIME: _____________ NUMBER EXPECTED TO ATTEND: _________

LOCATION: ____

PRESENTERS: ____

Room and Facility Preparation

___ Table for Registration
___ Table for Display Materials
___ Table Space for all Participants
___ Tables Arranged in a Horseshoe Shape
___ Chairs for All Participants
___ Extra Tables for "All Kids Like Cookies" Activity
___ Tables for Lunch or Refreshments (optional)
___ Rooms for Childcare According to Number of Children Attending
___ Childcare Rooms with Accessibility to Lavatories (preferably in room)

Childcare Preparation

___ Caregiver Sign-In Sheet
___ Child Care Sign-In Sheet
___ Appropriate Toys and Activities
___ Activity Supplies
___ Snacks
___ First Aid Kit
___ "Partners Plus Workshop Childcare Information"

Getting Started

___Refreshment Supplies (optional)
___ Name Tags or Tents
___ Sign-in Sheets
___ Initial Family Survey
___ Comfort Measure - Pre
___ Knowledge Measure - Pre
___ Participants' Manuals
___ Agenda for Workshop
___ Getting Acquainted Activity
___ Pencils for Participants
___ Sample Press Release and Feature Articles Form (optional)
___ Permission for Videotape with Sound/Photo Use (enough for all participants)

Section 1

___ Handouts
___ Prepared Overheads Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___ Markers for Flip Charts or Overhead Transparencies
___ Incentives for Participation in Methods of Communication Activity

Section 2

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___ Markers for Flip Charts or Overhead Transparencies
___ Incentives for Participation in Methods of Communication Activity

Section 3

___ Prepared Overhead Transparencies/Flip Charts

___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 4

___ Handouts
___ Enough of the Easy and Hard Version of the XYZ Tests (equal number of each) for All Participants
___ Method of Dividing Participants into Groups Of Equal Number (for the "All Kids Like Cookies" activity)
___ Directions for Each Station
___ Props for the "All Kids Like Cookies" Activity

Vision Station: several pairs of prepared sunglasses, blindfolds, a page out of a coloring book or a crossword puzzle, crayons, children's books and magazines, plastic cup and pitcher with water, paper towels

Speech Station: marshmallows, gauze, trashcan, paper towels

Fine Motor Station: several pairs of thick gloves, masking tape, puzzles, small manipulative toys, thick string and beads or pasta

Gross Motor Station: two large balls, two retrievable toys, masking tape, use masking tape to make two ten to fifteen foot walkways

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 5-F

___ Overhead Transparencies/Flip Charts Developed by Trainers (optional)
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 5-C

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 6-F

___ Overhead Transparencies/Flip Charts Developed by Trainers (optional)
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 6-C

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 7-F

___ Overhead Transparencies/Flip Charts Developed by Trainers (optional)
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 7-C

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 8-F

___ Overhead Transparencies/Flip Charts Developed by Trainers (optional)
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 8-C

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies
___ Criminal History Release (optional)
___ Department of Social Services Check (optional)
___ Stamped Return Envelopes (optional)

Section 9-F

___"Add My Name" Family Directory

Section 9-C

___ Overhead Transparencies/Flip Charts Developed by Trainers (optional)
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Section 10

___ Caregiver Profile Form for Each Participant

Final Activity

___ Prepared Overhead Transparencies/Flip Charts
___Overhead Projector/Flip Chart Stand (optional)
___Markers for Flip Charts or Overhead Transparencies

Wrap Up

___ What Did You Think?
___ Comfort - Post
___ Knowledge - Post
___ Family Manual Evaluation
___ Caregiver Manual Evaluation
___ Certificates

General Supplies to Bring

___ Masking Tape
___ Scissors
___ Markers for Name Tents
___ Play Doh (optional)
___ Sticky Pads (optional)
___ Other Table Supplies for Participants
___ Candy or Other Energizer (optional)

Partners Evaluations Data Checklist and Instructions for Replication Trainers

Mail to:

Sherry Bownes
Partners Plus Project
1490 Government Road
Williamsburg, VA 23185

Training Date: ______________

Training Location: ______________________________ **From:** ________________

Trainers Names: ____

As a Partners Plus replication trainer you will be responsible for collecting evaluation data and returning it to Partners. For your convenience, we have provided return address labels in your debriefing packet. Send us a completed copy of this form along with the evaluation data within 10 days of a replication workshop. After receiving the data, Partners will summarize the *What Did You Think About the Workshop* evaluation and send it to you. Upon your request, we will send the pre- and post- measure results.

INSTRUMENT NAME	WHEN TO COMPLETE	COLLECTION DATE	PERSON TO COLLECT
Caregiver Knowledge Pre Evaluation	Prior to beginning of workshop		
Caregiver Comfort Scale Pre Evaluation	Prior to beginning of workshop		
Initial Family Survey	Prior to beginning of workshop		
Caregiver Knowledge Post Evaluation	At end of workshop		
Caregiver Comfort Scale Post Evaluation	At end of workshop		
What Did You Think About the Workshop?	At end of workshop		
Family Manual Evaluation	At end of workshop		
Caregiver Manual Evaluation	At end of workshop		
Follow-up Family Survey	Three and six months after workshop		

IN KIND MATCH

I have donated my time skills to Child Development Resources by working with Partners Plus Outreach: Families and Caregivers in Partnerships.

I spent ______________ day(s) of my time ____

____

I understand that I will not be paid for this time. My time will be used as in-kind matching funds for the project. My time for this task was not paid with Federal Funds.

____
Print Name

________________________________ ______________________________
Signature Date

****

For office use only:

Consultant rate of $ _______ day x _______ day (s) =

Total Dollar Value of In-Kind Match: $________.